

Supporting children with complex health needs

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The SEN Code of Practice 2015 is very clear when it discusses a setting's responsibility to support children with SEN and Disabilities including those with complex health needs. The early years inclusion team have outlined a few key points which are specific to supporting children with complex health needs for early years providers.

The Inclusion team advise that there are 6 areas which need to be considered prior to a child with complex health needs starting at a provision.

1. Policies and admissions
2. Partnerships with parents
3. Health care plans and risk assessments
4. Team around the child meetings (TAC)
5. Training and insurance
6. Funding and staffing

1: Policies and admissions

Under the requirement of 'Health' 3.46, The Statutory Framework for the Early Years Foundation Stage, March 2021, explains that providers **must** have policies around any medication a child may require.

Further, under the requirement of 'The Equality Act 2010' 5.10, The SEN Code of Practice says that providers **must not**

"Discriminate against, harass or victimise disabled children, and they **must** make reasonable adjustments, including the provision of auxiliary aids and services for disabled children" (SEN Code: Jan 2015, page 80).

"This duty is anticipatory – it requires thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage. All publicly funded early years providers **must** promote equality of opportunity for disabled children" (SEN Code: Jan 2015, page 80).

An equality of opportunity policy templates is available from our [Early Years Inclusion A-Z \(opens in a new window\)](#)

The inclusion team may also advise a staggered admission for some children, to ensure a positive and well-prepared entry into nursery and/or reception. This should be reflected within your admissions policy. The following statutory guidance should be used alongside the statutory framework for the EYFS.

"Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so" (Supporting pupils at school with medical conditions: Dec 2015, page 8).

2: Partnership with parents

Under the requirement of 'Information for parents and carers' 3.74, The Statutory Framework for the Early Years Foundation Stage, March 2021, explains that providers **must** provide information on:

- daily routines,
- policies and procedures
- how the setting supports children with SEN/D.

Therefore, parent and carer signatures on any health care plans and / or risk assessments are to demonstrate the provider is sharing information.

The 2015 Special Educational Need Disabilities Code of practice states that all local authorities **must** provide parents, carers, children, and young people with access to SEN/D information, advice and support service.

SEN/D Information, Advice and support service is at arm's length from Worcestershire's Local Authority and they can provide impartial and neutral advice. Please visit the [Hereford and Worcestershire SENDIASS website \(opens in a new window\)](#) alternatively contact them on 01905 768153 or email: sendiass@worcestershire.gov.uk

Parent carer forum - <https://www.carersworcs.org.uk/parent-carer-forum>

3: Health care plans and risk assessments

Health care plans

Individual health care plans can help to ensure that providers effectively support children with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency interventions will be needed and are likely to be helpful in majority of other cases especially where medical conditions are long term and complex (Supporting pupils at school with medical conditions: Dec 2015). The following statutory guidance should be used alongside the statutory framework for the EYFS.

A health care plan template is available from our [Early Years Inclusion A-Z resources \(opens in a new window\)](#)

They should be easily accessible to all who need to refer to them, while preserving confidentiality. Individual health care plans/reviews may be initiated, in consultation with the parents, by a member of staff, or by a healthcare professional involved in providing care to the child. Plans should be drawn up in partnership between the provider, parents, and a relevant health care professional. A lead professional to write the plan should be agreed between the provider, parents, and outside agencies. A health professional should agree and sign the final plan. The inclusion team would strongly advise that the provider follows the advice and guidance of the health professional involved (Supporting pupils at school with medical conditions: Dec 2015).

There is a minimum requirement for individual health care plans to be reviewed every 12 months and this date can be agreed at the TAC (team around the child) meeting. Good practice advises to review

the relevance of the plan every 6-8 months or sooner if the child's needs change (Supporting pupils at school with medical conditions: Dec 2015).

Health care plans will also need to be included in the provider's emergency procedures, accident, or incident policies as to the primary emergency procedure that will need to be followed for individual cases. Below is an example of an emergency services contact procedure which can be very useful to have on the wall by the phone.

A contacting emergency services template is available from our [Early Years Inclusion A-Z resources \(opens in a new window\)](#)

The aim should be to capture the steps a provider should take to help the child to manage their condition and overcome any potential barriers to getting the most out of their education.

"5.11 All early years providers **should** take steps to ensure that children with medical conditions get the support required to meet those needs as set out in the EYFS framework" (SEN Code: Jan 2015, page 81)

Risk assessments

It is important to assess the risks to the individual child with complex health needs, in the same way the provider would risk assess an activity or a room in the provision. The provider needs to know what risks there are to the child and put steps in place to reduce all risks. This can be written with the parents and at the TAC (team around the child) meeting where the outside agencies can check and add to it.

A risk assessment blank template and Handy Hints for completing a Risk Assessment are available from our [early years inclusion A-Z \(opens in a new window\)](#)

Under the safety and risk assessment requirements, The Statutory Framework for the Early Years Foundation Stage 2017 states:

"3.56 Providers **must** take reasonable steps to ensure the safety of children, staff and others on the premises in case of fire or any other emergency and **must** have an emergency evacuation procedure" (EYFS March 2021).

"3.65 Providers **must** ensure that they take all reasonable steps to ensure staff and children in their care are not exposed to risks and **must** be able to demonstrate how they are managing risks.

Providers **must** determine where it is helpful to make some written risk assessments in relation to specific issues, to inform staff practice and to demonstrate how they are managing risks if asked by parents and/or carers or inspectors. Risk assessments **should** identify aspects of the environment that need to be checked on a regular basis, when and by whom those aspects will be checked, and how the risk will be removed or minimised" (EYFS March 2021).

For further training on writing risk assessments see 'Writing Individual Risk Assessments for children with SEN/D within early years settings' visit our [CPD training site \(opens in new window\)](#).

4: Team around the child meeting's

A team around the child (TAC) meeting should be arranged by the provider and held in the early years provision, prior to the child with complex health needs starting. This is a chance to establish up to date information about the child's health needs through good communication between the parents, the provider and all outside agencies involved.

The Inclusion team would advise that you use the health care plan as a discussion agenda or prompt and work your way down. Further, our advice is that providers get the outside agencies to check the risk assessment during the meeting as they may know of other risks and can give advice on reducing these accordingly.

It is important that the provider and the outside agencies are all working towards the same targets and goals for the child. A TAC meeting is an excellent time to share progress and discuss areas of development for the child and to share current targets at the TAC meeting if relevant. These targets should be written onto the child's Individual Education Plan / Individual Provision Map / Individual Support Plan.

A Consent to Share Information template and details of Outside Contact Agencies are available on our [early years inclusion A-Z \(opens in a new window\)](#)

A model letter for TAC Meeting is available on our [early years inclusion A- Z \(opens in a new window\)](#)

For further training on IEP / IPM or ISP writing review the following courses Effective IPM Writing or How to write a support plan on our [CPD training site \(opens in new window\)](#)

5: Training and insurance

The provider should ask the health professionals what specific training will be needed to meet the needs of the child. The most common training course which a provider will require when supporting children with complex needs is: 'Manual Handling for children with SEN and Disabilities'. This can often be delivered by the PD outreach team if they are involved with the child.

The Inclusion team advise that a provider must contact their insurance company regarding a child with a complex diagnosis / need.

The provider is also advised to request from the insurer, whether a certificate is required for proof of training.

A Staff training record template is available on our [early years inclusion A- Z \(opens in a new window\)](#)

6: Inclusion supplement funding

Apply for funding by using the Inclusion Supplement Funding process used in settings. Funding can

- Increase staffing ratio
- Pay for training to support the child
- Pay for resources to support the child
- Pay for additional Inclusion / private outside agency time

- Pay for staff out of ratio time to work on targets or paperwork for the child.

The provider will need to show evidence of expenditure and of how they follow the 'Assess, Plan, Do and review cycle' along with how they established the child's Graduated Response GR level (GR 2, 3 or 4).

If the provider would like to increase the GR4 level funding, and if the provider feels the funding received should be challenged, they can should talk to the Early Years Inclusion Team on 01905 843 099 or email EYInclusion@worcechildrenfirst.org.uk or visit [section F on our early years inclusion resources \(opens in new window\)](#)

References

- [Supporting pupils at school with medical conditions \(opens in new window\)](#)
- [SEN and Disabilities Code of Practice 2015 \(Opens in new window\)](#)
- [Statutory Framework for the EYFS March 2021 \(opens in new window\)](#)
- [Guidance for Worcestershire Schools: Supporting children with medical difficulties \(opens in new window\)](#)