

Introduction to Care Plans

To comply with the EYFS, Childcare Registers, Equality Act 2010 and SEND Code of Practice 2014, all childminders must be prepared to support children with long term medical needs. A written individual Care Plan is required for all children who have long term medical conditions. The Care Plan must be completed and signed by parents before the child starts in the childminder's care. If the child develops a medical condition during the period of the contract, the Care Plan should be completed as soon as possible.

A carefully completed Care Plan ensures the medical needs of the child are met so they receive the highest quality care and education during their time with you. The Department for Education states that, *an individual Health Care Plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.*

A Care Plan is not written to make a child feel different or to single them out - it is written to ensure all relevant information about the child is recorded, with input from the child (where possible), the child's parents, other settings the child attends (if appropriate) and other involved professionals (GP, consultant etc), to keep the child and those working with the child safe.

Building up a picture of the child

The Care Plan is one part of the information you should ask for about a child. Other information you will request from parents includes -

- A signed and dated contract to comply with insurance requirements.
- Permissions - the legally required permissions cover sharing information with other settings and agencies, using assistants for up to 2 hours (if required) and medication administration. You must also have permission for taking and using photos of the child if, for example, you need to include their photo on their Care Plan.
**Free GDPR compliant Permission form here –
<https://www.childcare.co.uk/free-childminder-paperwork>.
- A sheet signed by parents to confirm they have read and fully understood your policies and procedures.
- An 'all about me' / initial child information form in which you ask questions about the child's individual care needs - and find out about their home learning experiences. You will use this information to determine the child's learning and developmental starting points - from which you can start the child's individual planning.

As you can see, the focus is on the whole child - the contractual documentation... the legally required information... the learning and development notes... and the information you need to ensure you can meet the child's health needs.

Important things to consider...

- **Outings** - the Care Plan should be taken on outings in case the information is needed in an emergency during the outing. Any medication required by the child should also be taken on outings along with a copy of written permission for emergency medication administration signed by parents.
- **Assistants** - every person involved in the child's time with you must read and understand their responsibilities under the plan. If, for example, an assistant collects a child from school or is responsible for a child when the childminder is out of the house, the assistant must be trained and clear of their role.
- **Emergency responsibility** - Care Plans should include information about adults with emergency responsibility for the child. If parents cannot be contacted, it is important that they state who else can speak on their child's behalf.
- **When a child is already in your care** - sometimes, a child is with you already when their parent comes in and tells you they have a new medical diagnosis which means they need ongoing medication. You must complete a Care Plan as quickly as practical.

In some instances, after taking advice from your insurance company, you might be forced to withdraw care for the child until you have undertaken training to allow you to, for example, administer medication. This will undoubtedly cause upset and make parents anxious and must be handled sensitively and training must be accessed as quickly as possible.

- **Medication** - if the child requires emergency medication, permission must be requested in writing in advance before the medication is administered. If training is required, this must be in place before the child is welcomed into the provision because specialist medicines (not covered by Paediatric First Aid courses) must not be administered without appropriate training from health professionals.

In some instances, emergency medication might be needed during the day and parents are unavailable to inform you when their child last had medication. For example, the child might need infant paracetamol in case of a convulsion but parents are in a meeting and you cannot find out from them when their child had their last dose. In this instance, you should contact NHS Direct for further advice - let them make the decision whether to potentially double dose the child.

- **Risk assessment** – if you risk assess one child... you need to risk assess all the children. A risk assessment might be useful alongside the individual Care Plan to consider how the child, other children in the provision and adults who work with the child will be kept safe if, for example, medication is stored on the premises and taken on outings for the child or if the child might require regular emergency trips to hospital.

- **Reviewing the plan** - you must agree with parents how often the plan will be reviewed and parents must be involved in the review process. The Care Plan should be reviewed at least annually and if / when things change.
- **Photo** - adding a photo allows health professionals to see which child the health plan and medication paperwork relates to and is important in case you are dead or injured and unable to speak for the child. Adding a photo to important documents such as Care Plans should be included in your general photo permission form, which should be signed by parents before the child starts in your provision.
- **Replacing medication** - discuss with parents how you will ask for replacement medication and what happens if it is not supplied (the child is sent home until it has been provided).
- **Taking a child to hospital** - this is an exceedingly difficult subject but one you must broach with parents. If, for example, you are caring for 3 or 4 children and there is a medical crisis - or you are due to go on a school run and you have 2 other children already in your care - or your own children need picking up from school... you cannot ask the ambulance to wait or pack it full of buggies, car seats, bottles, and nappies!
You will also find yourself at hospital... possibly miles from home... without your car.
Emergency services also advise that in normal circumstances you should not take a child to hospital because if they have a crisis in the car you will not be able to help them - advice is to stay put (on your outing or at home) and ring 999.
Emergency services have advised me, when I asked about taking a young child in my care to hospital, that they would prefer me to let them get on with their jobs - and arrange for parents to meet their child at hospital.
As I said, a difficult conversation to have with parents but one which must be considered after taking advice from emergency services.

Confidentiality

The Care Plan must only be shared when there is a need to do so. It must be stored safely on the premises and when taken on outings (see risk assessment writing tips for more information). The DfE states that '*If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.*' Parents will need a copy and any co-childminders or assistants will need to read and understand the plan.

The Care Plan must be stored safely but it must also be immediately accessible in a medical emergency. It is recommended that a photocopy of the Care Plan is stored in the child's file along with the original Care Plan so it can be quickly handed to emergency services if required.

Care Plans – guidance for providers

All children must be treated equally and with equal concern. You cannot, for example, ask for extra money from parents because their child is disabled. This is the law – it is written in the Equality Act 2010.

Childminders must comply with the Equality Act 2010 **and** the EYFS which states that: *Providers must have arrangements in place to support children with SEN or disabilities.*

The EYFS requires us to find out how deliver care and learning for children appropriately by asking parents and / or other agencies and professionals who work with them about their individual care and learning needs. However, we cannot single out children with special educational needs and disabilities - we have to ask all parents for detailed information about their child to determine their starting points – the things they can do / know before they start in the provision. We can then ask extra questions if they tell us that their child needs extra care or learning support to enable them to be part of the provision and reach their full potential.

For example, you might have questions on your 'All About Me' form that asks parents –

Does your child need extra support to help them access the provision? ** Yes No

Does your child need any special food or drink? ** Yes No

** If you answer 'yes' to these questions we will need to ask you for further information.

Similarly, all children must have –

- Individual Medication Administration forms if they need medicine or treatment
- Child Record and Emergency Contact forms completed to ensure appropriate support is available in case of emergency etc.

If a child has extra needs, you will then take the relevant pages from the attached Care Plan and fill them in with parents and other professionals as appropriate.

Care Plan - policy and procedures

Policy - you might say - we aim to support all children with their individual health and care needs. All children with medical conditions that require additional support will have a written Care Plan.

We commit to working with the child, parents, and any involved professionals to keep the child, other children and staff in the provision safe.

Procedures - before the child starts in your care OR when a child has been diagnosed with a long-term medication condition, you need to meet with parents to explain that, as their child has long term medical needs, you will have to complete a Care Plan.

The following procedure should be followed -

- Explain that the Care Plan must be written (it is required by DfE) to support their child's individual needs.
- Make an appointment to meet with parents to discuss the Care Plan.
- Reassure parents that you will keep information about their child secure and confidential and share it only on a 'need to know' basis.
- Go through each section of the Care Plan - talk about who will read the information and why; what information you need; why it is important that the Care Plan has a photo of their child; how the Care Plan is taken on outings - and why etc...

If there are any aspects of the Care Plan you do not understand, you should ask colleagues before you sit down with parents to complete the plan so you can discuss it confidently.

- Listen to the parents - do they have any concerns they want to raise? Include them on the relevant page of their child's Care Plan.
- Listen to the child - does the child have anything s/he wants to add?
- Write a risk assessment to ensure the child, other children and adults are kept safe.
- If the child is diagnosed while they are already in your care, check with your insurance company about any training you require and whether you are covered if the child falls ill while you are sourcing the training.
- Inform parents that the Care Plan will be reviewed regularly and at least annually. Ask parents to let you know about medical appointments for their child and to keep you updated if medical advice changes.
- If you have to store or use specialist medicine and / or equipment for the child, discuss where it is kept, how it is kept safe on outings, how it will be used, when it will need to be replaced etc.

Sign and date the policy and procedures and add it to your list for parents to read and sign.

Care Plan - tips for writing a risk assessment

When a child has a recognised medical need such as eczema, asthma, anaphylaxis, diabetes, epilepsy etc a Care Plan must be written. The Care Plan should include information about what medication should be administered to the child and how the practitioner will recognise the child's medical needs. Your risk assessment should be stored with the child's Care Plan, updated at least annually and as required and might include the some or all of the following -

Date -

Name of person who wrote the RA -

Name(s) of people who input information into the RA -

- **Medication audit** - add information about the child's medication to your stored medication audit - check the audit every month to ensure dates are not expired and there is sufficient medication left. Consider what will happen if you have run out of medication and parents do not bring you new supplies when needed. For example, your RA might say that the child and parent have to go home to collect some more because it is not safe to keep the child with you if you do not have sufficient medication.
- **Cleaning up bodily fluids** - you might purchase or put together a hazardous waste cleaning kit if you care for a child who is prone to sickness or bleeds. You will need to audit contents and keep a note of when contents are replaced.
- **Insurance** - you should ask for confirmation from your insurance company that you are covered to care for the child and you will need to note any extra requirements placed on you by your insurance company. For example, they might require you to take further training to administer an EpiPen (which is not required by Ofsted if EpiPen use is covered as part of your First Aid training).
- **Outings** - where paperwork eg a child's Care Plan, medication permission etc are taken on outings you have to make sure they are safe. Discuss where they will be stored; where medication is stored on outings and how it is kept secure / labelled etc.
- **Outside play** - discuss whether there are any restrictions to a child's ability to play outside and who places the restrictions on the play (parent, child, medical practitioner etc). Consider how this will be managed while ensuring the child has daily outside play opportunities as required by the EYFS 2012.
- **Resources** - safe storage and use of any resources required by the child to enable them to fully participate in the provision eg chair, walking aid etc.
- **In case of illness** - what will happen if the child's medical condition worsens - if medication is not making the child better, if the child refuses or spits up the medication etc.

- **Medication** - safe storage and audit process for any medication stored for the child. If medication as to be stored in, for example, the fridge you might need to fit a lock; if medication is stored in a pantry or cupboard, you must ensure it is secure but also immediately accessible in an emergency. Older children might keep medication in their school bags - how will you make sure babies cannot reach the bags and play with the contents?
- **Sharps** - discuss storage and safe disposal of needles with your local health advisors and make sure you can follow advice in your home. Your RA should include details of how you keep all children and adults safe if needles are used and stored on the premises and taken on outings (a travel sized sharps box will be required).
- **Training** - find out what is required by Ofsted / EYFS / your insurance company and when it must be undertaken - for example, if a child is in your care and parents tell you the child now has an EpiPen you might need to withdraw care until you have accessed training. Training must be in place before the child starts in your care and a certificate should be included in the child's file.
- **Hospital visits** - think through whether you will be able to travel to the hospital with the child.
- **Sharing information** - who is told about the child's medical condition and why the information is shared eg your cook needs to know that the child's diet is limited; your assistant needs to know how to care for the child if you are called away.

There will be other areas of provision you might need to consider on your risk assessment which are specific to the child's medical condition eg -

- If a child has asthma you will need to damp dust and limit furnishings if dust is a trigger.
- If a child has epilepsy you might need to avoid play areas with flashing lights.
- If a child has anaphylaxis and peanuts are a trigger, you might need to ban all products containing peanuts from your provision.
- If a child has cancer you might need to send them home if their immune system is compromised during treatment and you have a cold etc.

You should take advice from parents and medical professionals.

Review date – July 2022

Stored medication audit

It is important that all medication stored on the premises for use by a childminded child is audited to ensure there are sufficient supplies of the medication available for the child and it is within expiry date.

Childminder name -

Setting details -

Written by -

Notes -

Stored medication audits to include information about any medication which is stored in the house for childminded children including -

- Name & date of birth of the child
- Date medication received
- Name of medication & expiry date
- Reason medication is stored
- Where the medication is stored
- Disposal information
- Any further comments

Child's details

Child's name -

Date of birth -

Medication information

Name of medication -

Expiry date -

Reason medication stored -

Place stored - out of sight and reach / within immediate reach of the child / other -

Disposal information - return to parents and advise safe disposal

Comments -**To be updated -** as required

Child's details

Child's name -

Date of birth -

Medication information

Name of medication -

Expiry date -

Reason medication stored -

Place stored - out of sight and reach / within immediate reach of the child / other -

Disposal information - return to parents and advise safe disposal

Comments -**To be updated -** as required

Medical care plan

Child's name -

Date of plan -

Date of birth -

Who has been involved in completing this care plan?

Child Parent Other agency or professional Other...

What are the child's medical needs / symptoms / triggers?

What must be in place on a daily basis to support the child?

What constitutes a medical emergency for the child?

What action must be followed in an emergency?

Is there anything else parents want to tell us?

Parents signature

Date -

Note - the person signing must have PR for the child

Care plan review date -

Note - medication requirements will be recorded separately

Medical care plan - asthma - EXAMPLE

Child's name (date of birth) -

Date of plan -

Who has been involved in completing this care plan? *Childminder / mum / dad / me! In many instances other agencies are also involved and you might find it useful to contact them and speak to them about the child's condition, so you are working together.*

What are the child's medical needs / symptoms / triggers?

Ask parents to list all potential triggers so you can remove them from your home. If a child's trigger is cats etc and you have one in the house, your environment might not be the most appropriate for the child's needs.

What must be in place daily to support the child?

To support him daily you will need medication on standby (including a spacer device if used) and a good understanding of the child's general wellbeing so you can respond to changes. Parents will need to keep you updated about their child's medical condition overnight, so you know if they are feeling under par. You will need to be aware of and avoid triggers to the child's condition.

What constitutes a medical emergency for the child?

Parents might tell you that their child panics when having an attack - or that he goes incredibly quiet. Parents should let you know how they deal with medical emergencies and what they do when their child has an asthma attack - and at what point you need to contact the emergency services. Remember - asthma can kill if not treated promptly.

What action must be followed in an emergency?

Parents need to tell you which inhalers to use and when / whether the child needs a spacer device etc. You might find it helpful to print information from Asthma UK about using inhalers in a group setting to share with parents. Even if the child normally self-administers medication, childminders must supervise and write down exactly what medication has been taken and when, for signing by parents.

Ask parents what they want you to do if the inhaler does not seem to be having an effect - you must put the needs of the child first, so ring for an ambulance, then ring parents / emergency contacts if parents are not available.

Educational Needs Care Plan

Include details about a child's additional educational needs eg developmental delay, dyslexia, speech and language support, audiology etc.

Child's name (date of birth) –

Date –

Who has been involved in completing this care plan? –

What are the child's additional educational needs? –

Does the child need any reasonable adjustments to be made to the house, garden or outings routines so s/he can fully participate in the activities of the provision? –

Are any documents in place from other settings or agencies to support the child? Yes No

If you have answered 'yes' please attach a copy.

How do parents want us to support their child? –

Is there anything else parents want to tell us? –

Parent signature –

Date –

Staff signature –

Date –

Review date –

Individual Needs Care Plan

Include details about non-medical individual needs such as religious and cultural requirements eg special dietary needs, clothing requests etc

Child's name (date of birth) –

Date –

Details about the child's individual needs –

Does the child need any reasonable adjustments to be made to the house, garden or outings routines so s/he can fully participate in the activities of the provision? –

Do parents want us to adjust our educational programme to ensure it is inclusive for their child? –

Do parents want us to make any further changes to the ways we manage their child's needs so we can fully include their child? –

Is there anything else parents want to tell us?

Parent/s signature –

Date –

Staff signature –

Date -

Review date –

Monitoring children's use of English and their home language

EYFS requirement 1.7 states - *For children, whose home language is not English, providers must take reasonable steps to provide opportunities for children to develop and use their home language in play and learning, supporting their language development at home.*

This document can be used as a prompt when speaking to parents about their child's use of home language and English and to ask them about any concerns they might have. Note that parents might need interpreter support.

Child's name (date of birth) –

Date –

Where was your child born?

If they were not born in England, how old were they when they came here?

What languages are spoken in your home and by whom?

For example, you might tell us that mum and dad speak Polish and older brother speaks English

What language does your child mostly speak at home?

Your child's use of their home language

- Can your child communicate well in their home language? Yes No
- Does your child read books / watch television in their home language? Yes No
- Does your child communicate well in their home language? Yes No
- Do you have any concerns about your child's development in their home language? Yes No

Your child's use of English

- Does your child read books / watch television in English? Yes No
- Does your child speak in English regularly at home? Yes No
- Do you have any concerns about your child's language development in English? Yes No

Comments -

Parent signature –

Date –

Review date –