

EARLY YEARS PANEL: REFERRAL FORM

**Updated May 2019 - A copy of this referral form must be sent to Dr Mina, CPMS, CDC
Battenburg Avenue**

1. BASIC DETAILS

| | | | |
|--|--|--------------------------------------|--|
| Name of Child: | | D.O.B.: | |
| Gender: Male <input type="checkbox"/> | | Female <input type="checkbox"/> | |
| Name of Parent/Guardian: | | | |
| Address: | | | |
| Post Code: | | Telephone No: | |
| | | Mobile No: | |
| Pre-school, nursery or childcare provider: | | | |
| Lead Professional or key worker for the child/family: | | | |
| Name of GP: | | | |
| Is the child eligible for Disability Living Allowance (DLA)? Yes..... No..... | | | |
| Does the Early Years setting receive Disability Access Fund (DAF)? (this is an additional payment made to the EY setting when a 3 or 4 year old child is in receipt of DLA) Yes... No... | | | |
| Is the child LAC YES NO | | | |
| Language/s spoken at home: | | Is an interpreter required? YES NO | |
| Is English an additional language? YES NO | | How long has child lived in UK | |
| Referred by: | | | |
| Name: | | Date: | |
| Occupation: | | Tel. no of referrer: | |
| Address: | | | |
| Post Code: | | | |

2. SUMMARY OF CURRENT CONCERNS AND REASON FOR REFERRAL

Please add details

Reason for referral - please tick:

For information only at this stage

Monitoring by EYP

Consideration for further assessment

If you are looking for additional funding please
Email into eyinclusion@portsmouthcc.gov.uk to
Enquire about the SEND Inclusion Fund (SENDIF)

Portage Referral

Please note: if this box has been ticked this will be actioned as referral

Please note that EYP does not coordinate 2 year funding

3. FAMILY INFORMATION

4. DESCRIPTION OF CHILD'S CURRENT FUNCTIONING, NEEDS AND CONTEXT
(From The Portsmouth Common Assessment Form for example)

4a) Child's General Health

4b) Learning and development: Give details below. If you are an Early Years setting please attach the child's most recent EYFS summative assessment record and/or their 2 year check and any other relevant reports

Locomotor skills

Fine motors skills

Speech and language

Interactive - /play - skills

Self care: **feeding**
 dressing
 toileting

Behaviour

| | | |
|--------------------------|-----------------|----------------------|
| Hearing: Assessed | Results: | Any concerns? |
| Vision: Assessed | Results: | Any concerns? |

5. CHILD WELL-BEING AND SAFETY

5a) The EYP strongly recommends that an Early Help Assessment (EHA) is completed and accompanies this referral. Has an EHA been completed?

Yes No

If yes, please send a copy with this referral. If no please explain why

6. PROFESSIONALS/SUPPORT SERVICES INVOLVED

| Service | Already referred (include name) | Making a referral (at the same time as sending in this form) |
|--|------------------------------------|---|
| Community Children's Paediatric Service | | |
| GP | | |
| Health Visiting Service | | |
| Hospital consultant | | |
| Speech and Language Therapy Service | | |
| Occupational Therapy Service | | |
| Physiotherapy Service | | |
| Specialist Teacher Adviser | | |
| Portage Service | | |
| Special Educational Needs and Disability Team (SEND) | | |
| Early Years Advisory Teachers/ Area SENCOS | | |
| Early Years Funding Outreach Officers | | |
| Multi-Agency Behaviour Support Service | | |
| Sensory Impairment Service | | |
| Audiology | | |
| Portsmouth Educational Psychology | | |
| Other, please specify | | |

7. CONSENT TO SHARE

Parent/Carer Consent:

Portsmouth Early Years Panel will use information to support your child's development by making referrals to relevant agencies and services and seeking up-dates from those agencies and services. We will share reports with services to whom we make a referral in order to ask them to assess or support your child. This is explained in our Privacy Notice

Please Circle Yes or No and sign below so we know that you agree to the following:

| | | |
|--|---|---|
| • The reason for the referral to the Early years Panel has been explained to me | Y | N |
| • I agree to the referral to the Early Years Panel | Y | N |
| • I understand that written information will be kept on file by the Early Years Panel about my child | Y | N |

***I consent that information/written reports may be shared with the following professionals:
Please Circle Yes or No.***

| | | |
|--|---|---|
| Community Children's Paediatric Service | Y | N |
| GP | Y | N |
| Health Visiting Service | Y | N |
| Hospital consultant | Y | N |
| Speech and Language Therapy Service | Y | N |
| Occupational Therapy Service | Y | N |
| Physiotherapy Service | Y | N |
| Specialist Teacher Adviser | Y | N |
| Portage Service | Y | N |
| Portsmouth Educational Psychology Team | Y | N |
| The nursery or pre-school group your child currently attends | Y | N |
| Special Educational Needs and Disability Team (SEND) | Y | N |
| Early Years Advisory Teachers/ Area SENCOS | Y | N |
| Early Years Funding Outreach Officers | Y | N |
| Multi-Agency Behaviour Support Service | Y | N |
| Sensory Impairment Service | Y | N |
| Audiology | Y | N |
| Other , please specify | Y | N |

SIGNED: Parent/carers:

Name in capitals: **Date:**

Continued overleaf

In order for this referral to be discussed at the Early Years Panel:

1. All referrals **must** be discussed with parents and their informed consent obtained by signing above.
2. A copy of this referral **must** be sent to: GP **YES / NO** Health Visitor **YES / NO**
Please circle YES OR NO in both boxes to confirm this has been completed.
3. The panel **must** receive an Ages and Stages (ASQ) development assessment with this referral form **unless** the child is known to the Paediatric Services.
4. Name of Health Visitor contact for ASQ Date requested:
5. **All** relevant reports that parents have agreed to share.

Ethnic origin

Please ask parent or carer if they wish to provide this information for our monitoring purposes. Please circle relevant group below.

| <i>Asian or Asian British</i> | | | | <i>Black or British Black</i> | | | <i>Chinese</i> | <i>OTH</i> |
|------------------------------------|----------------------------------|--------------------------|-----------------------------------|-------------------------------|------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| <i>AIND</i> | <i>APKN</i> | <i>ABAN</i> | <i>AOTH</i> | <i>BCRB</i> | <i>BAFR</i> | <i>BOTH</i> | <i>CHNE</i> | <i>OTH</i> |
| <i>Indian</i> | <i>Pakistani</i> | <i>Bangladeshi</i> | <i>Any other Asian Background</i> | <i>Caribbean</i> | <i>African</i> | <i>Any other Black Background</i> | | <i>Any other Ethnic Group</i> |
| <i>Mixed</i> | | | | <i>White</i> | | | | |
| <i>MWBC</i> | <i>MWBA</i> | <i>MWAS</i> | <i>MOTH</i> | <i>WIRI</i> | <i>WIRT</i> | <i>WROM</i> | <i>WOTH</i> | |
| <i>White & Black Caribbean</i> | <i>White & Black African</i> | <i>White & Asian</i> | <i>Any other mixed background</i> | <i>Irish</i> | <i>Traveller of Irish Heritage</i> | <i>Gypsy / Roma</i> | <i>Any other White Background</i> | |

Please return a copy of this form and relevant information to:

Liz Robinson, EYP chair person, Educational Psychology Team, Floor 2, Core 6, Civic Offices, Guildhall Square, Portsmouth, PO1 2EA Tel: 02392 841316

EYSP@secure.portsmouthcc.gov.uk

Information for Parents and Carers

What is the Early Years Panel?

The Early Years Panel (sometimes known as EYP) aims to ensure that pre-school children (age range 0 to starting school), who may have additional or special needs, have their needs identified and are supported,

The panel is a group of key people from Portsmouth City Council's Education Department and Solent NHS Health Care Trust. It meets monthly to make sure that we are aware of children with special needs and that we have plans in place to support the children and their families.

The Early Years Panel aims to work in co-operation with parents and carers to make sure that:

- ❖ All pre-school children with special needs are identified as early as possible.
- ❖ Assessments of the children's needs are well co-ordinated.
- ❖ Support plans for the children and their families are in place, co-ordinated and regularly reviewed.

Who are the members of The Panel?

The panel consists of representatives from:

- ❖ Solent NHS Trust
(Specialist doctor in Community Paediatrics, Speech and Language Therapist; Health Visitor)
- ❖ The Portsmouth City Council Education Department
(Service Manager Education Support & Principal Educational Psychologist; SEN officer; Head Teacher of the Willows Nursery School; Early Years Advisory Teacher; Portage Team Leader¹)

Panel members may invite other Panel Invitees, subject to approval by the panel Chairperson for example other nursery or health visiting staff who are a primary source of referrals to the Panel and whose professional development would benefit from attendance. Panel Invitees may be absented on request of the panel Chairperson for any part of the Panel meeting in order that the Panel may discuss matters in confidence where necessary.

¹ Portage is a home visiting service for pre-school children and their families, supporting early child development.

What does the panel do?

The panel considers referrals on pre-school children where there is a concern about their early development and/or possible special educational needs and co-ordinates further assessment and support for the children.

The panel meets monthly at the Civic Offices, Guildhall Square, Portsmouth.

The panel will consider all the assessment information on the child's needs and parents' views about their child's development and needs.

The panel will:

- ❖ Ask for further assessment from relevant professionals if necessary.
- ❖ Make sure that the assessment information is co-ordinated.
- ❖ Ensure that the right provision is in place to support the child, in line with parents' wishes.
- ❖ Review the child's progress and make sure that plans are in place to support them over moves into nursery or into school.

What arrangements might be put in place to support your child?

The panel will consider recommendations that have been made for different types of placement and provision. Parents' views are vital.

No provision or placement will be arranged without parents expressed permission.

The main options available (subject to criteria being met) to support a child with special needs in the early years are:

- ❖ A mainstream nursery or child-care setting, perhaps with some additional support if necessary.
- ❖ Placement at a special nursery provider such as the Willows Nursery.
- ❖ A home based teaching and support programme from the Portage Team or from a Specialist Teacher Adviser for hearing or visual impairment.

Sharing Information

Parents' permission will always be sought before their child is referred to the panel.

Portsmouth Early Years Panel will inform you when we contact other agencies and/or services so that you can see what actions have been taken when your child has been discussed at Portsmouth Early Years Panel. The Early Years Panel will share reports that have been sent with your referral form to the Panel with others teams and services to whom a referral is to be made, for example, the Paediatrician or the Educational Psychology Team.

Keep this on your fridge as a handy reference

The Early Years Panel (sometimes known as EYP) works to ensure that pre-school children (age range 0 to starting school), who may have additional or special needs, have their needs identified and are supported.

Frequently Asked Questions

1. What happens to the EYP Referral form?

The referral form goes to the EYP Admin Team and they will take that to the next panel which is held monthly. Your child's case will be discussed at the panel. When your child is referred to the EYP, they are added to an Early Years Panel Register. The EYP review this Register on a regular basis. Once your child starts school, they will be removed from the EYP Register.

2. Who is on the panel?

The panel is 'multi agency'. This means that there are professionals from Education and Health. There are representatives from (depending on availability):

- Educational Psychologist
- Community Paediatrician
- Health Visitor
- Early Years Advisory Teacher
- Speech and Language Therapy
- Portage

3. Will my child be discussed at every EYP?

No. Your child will be discussed:

- When they are first referred.
- If a professional has contacted us because there have been some changes
- If your child has not been discussed for a long time

4. How will I know when my child has been discussed at the EYP?

You will receive a letter from the EYP explaining that your child has been discussed and the outcome.

5. What should I do if I was expecting my child to be discussed but have not heard anything?

You should normally hear within 6 weeks from the date of the panel. If you have not heard anything, please contact the person who referred you to the EYP.

6. Where can I find more information on the EYP?

Go to the Portsmouth Local Offer website and search Early Years Panel. The link is: <http://www.portsmouthlocaloffer.org/local-offer-search/item/173>

A helpful table to help you remember key dates and information

| | |
|---|--|
| Date of next Early Years Panel | |
| Who referred my child?* | |
| What is their telephone number? | |
| Have I provided them with my latest contact details? | |
| Who is my Health Visitor? | |

* This is who you contact if you have any questions about your referral.