CHILD Referral for Early Years Inclusion Support 2022-2024

An **Early Years Inclusion Support** Referral is the second step along the **Herefordshire Graduated Approach**. Before completing this form please ensure that you have followed the graduated approach and have completed at least one full cycle of ‘Assess, Plan, Do, Review’ before a referral is made.

This child will be discussed at the Early Years Referral panel and a caseworker assigned. The caseworker will support you, as a setting, to consider the provision for this child. The caseworker be in contact to arrange how support will look going forward. Support could be in the form of discussion, advice, SMART target support, observations and signposting.

**Early Years Inclusion Funding** can only be sought if the **Early Years Inclusion Support** process is followed.

| Have you followed the graduated approach and completed at least one full cycle of Assess, Plan, Do, Review, with a second underway? |  |
| --- | --- |
| Have you attached at least two Play Plans (IEP’s or equivalent) to this referral? |  |
| Have you attached a completed consent from? |  |
| Have Play Plans and targets been discussed with parents or carers? |  |
| Are the old Play Plans reviewed with annotations? |  |
| Is the referral form fully completed? |  |
| **Has your setting engaged with the Dingley’s Promise Training?** *Give details* |  |
| Please delete as appropriate | We would like to notify you of this child OR We would like a visit for support and advice |
| Do you require SEMH support? |  |
| *Please refer to the Herefordshire Early Years SEND documents/intervention guidance/gradated approach documents before referring to Early Years Inclusion Support.* *Please note that if any of the above information is missing from the referral it will be returned to you.* |

| Name of child: |  | DOB: |  |
| --- | --- | --- | --- |
| Gender: |  | NHS Number (if known): |  |
| Address: |  | Telephone number: |  |
| Ethnic origin: |  | Home language: |  |
| Setting name: |  | Year of school entry: |  |
| Does the child receive their full NEF entitlement? |  | How many hours in total? |  |
| EYPP | *Y/N* | Is the child in the Looked after System? |  |

| Sessions attended: *i.e. Mon-Fri AM or Tue and Wed 9-3pm* |  |
| --- | --- |

| **Does the child attend another setting? Please include specialist settings e.g. CDC, Blackmarston, Westfield.** |  |
| --- | --- |
| **Are there any safeguarding concerns?** |  | **Lead professional:** |
| **Please indicate the child’s primary additional need (use code below – one only). Choose the one that has the most impact on the child’s learning and development. The code is for data purposes only:** |

| **SEMH – Social, Emotional and Mental Health** |  | **CL – Cognition and Learning** |  |
| --- | --- | --- | --- |
| **SP – Sensory/Physical** |  | **CI – Communication and Interaction** |  |
| **Are you anticipating completing a family Conversation with parents?** | **Y/N** | **Have parents indicated that they are considering a specialist placement?** | Y/N |

| **Please give a clear, detailed outline of the child’s difficulties – what are your concerns and what impact do the child’s difficulties have on his/her learning and development?** |
| --- |
|  |
| **What information have you gathered from others? This could include: liaison with other professionals/parents, reports received etc.** |
|  |
| **Have you made any other referrals? E.g. to speech and language therapy.**  |
|  |
| **Please specify the support you are requesting?** |
|  |
| **Under the SEND Code of Practice early years practitioners should be using the ‘Assess, Plan, Do, Review’ cycle with children with additional needs. Please write about how you’ve done this below. What are you doing in your setting to support this child?** |
|  |
| **What difference is it making?** |
|  |

| **Professionals Involved (please add name)** |
| --- |
| **Paediatrician:** |  |
| **Speech and Language Therapist:** |  |
| **Health Visitor:** |  |
| **Child Development Centre:** |  |
| **Portage:** |  |
| **Social Worker:** |  |
| **Family Support Worker:** |  |
| **Advisory Teacher (hearing or visual impairment):** |  |
| **BST** |  |
| **Other (please specify:** |  |

Children with additional needs will often require specific assessments to understand their needs and next steps. We recommend the Developmental Journal to aid this.

| **Developmental Journal** Please complete the following summary of the child’s progress using the developmental journal. Please include the current and previous steps. |
| --- |
| **Current Age in months:**  |

| Date | Communication  | Thinking | Personal, Social and Emotional Development | Physical  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

| Referral form completed by: |  | Position: |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |
| Telephone and email |  | Date received: | *To be completed by business support* |

**Information Sharing and Consent**

**for the Provision of Education Services**

**Information sharing**

Information about you and your family is confidential and will not normally be shared with other agencies without your consent. In order to provide your child(ren) and your family with the most appropriate support, our staff may need to gather information from and share information relating to your child(ren) with other agencies. If you decide that you do not wish us to gather or share your information with particular services, it might reduce the effectiveness of any assessment we carry out. It is however your right to make that decision.

Where a child being at risk of significant harm or where we are legally required to do so for other reasons, we may need to share information about you or your family without your consent. If possible, we will let you know that we have done this and we will process your data in accordance with our statutory duties.

**Recording of Information and Access to Records**

Herefordshire’s Children and Families Directorate need to collect, record and use information about you and your family in order to be able to work effectively and to deliver our services. We collect and process this information in accordance with the Data Protection Act (2018) and have a duty to ensure that any information we hold is kept securely and is used for the purposes that it is intended. We also have a duty for information stored to be adequate, relevant and not excessive; to be accurate and kept up-to-date and for the information not to be held longer than necessary.

Your relevant personal information will be held in an electronic file. This information may be in the form of correspondence, reports and records of our work with you. Your records are accessible by any worker, manager and senior managers within Herefordshire’s Children and Families Directorate, although they can only access records where they have a legitimate reason for doing so. The Herefordshire’s Children and Families Directorate Privacy Notice can be found on the privacy section of our website:

<https://www.herefordshire.gov.uk/directory-record/5874/children-and-families-services-education-privacy-notice>

You have a number of rights under data protection law including the right to request access to the records we hold about you at any time. For information about your rights under data protection law please see our website.

The consent will last for the period that Herefordshire Council’s education services are involved with your family unless you withdraw or amend your consent. Where a new team starts working with your family or where there is a gap in the service we provide, you will be asked to confirm that the existing consents are still applicable.

**CONSENT FORM**

***(One form to be completed per parent with parental responsibility/carer/significant adult in household)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of parent/carer** |  | **Has parental responsibility?**  | **Yes No** |
| **Name of child** |  | **Date Of birth** |  |
| **Name of child** |  | **Date Of birth** |  |
| **Name of child** |  | **Date Of birth** |  |
| **Name of child** |  | **Date Of birth** |  |
| **Address** |   |
| **Postcode** |  |

**☐ I agree to information about my child(ren) being gathered from and shared with the following agencies listed below where they are involved with your family. Please tick box if you agree** or identify any teams you do not want information shared with**.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency/Service** | **Teams within service** | **Consent given to gather information from****Yes / No**  | **Consent given****to share****information with****Yes / No** |
| Herefordshire Council  | * Hearing Impairment Team
* Visual Impairment Team
* Physical Disability Team
* Early Years Service
* English as an additional Language
* Elective Home Education
* Traveller Education
* Social Inclusion Team
* Post-16 Educ. and Skills
* Virtual School for looked after and previously looked after children
* School Admissions
* Special educational needs/ EHC assessment team
* Educational Psychology
* School Transport
* Indep. Travel Training
* Portage
* Behaviour Support
* Hospital and Home Tuition
* Safeguarding in Education
 |  |  |
| Herefordshire Council | Children with Disabilities Social Care Team |  |  |
| **Agency/Service** | **Teams within service** | **Consent given to gather information from****Yes / No**  | **Consent given****to share****information with****Yes / No** |
| Herefordshire Council | Other children’s social care teams  |  |  |
| Herefordshire Council | Early Help Team |  |  |
| Wye Valley Trust and Herefordshire Council | Teams at the Child Development Centre (CDC) including paediatricians |  |  |
| Wye Valley Trust | Children’s Therapy Services:* speech and lang. therapy
* occupational therapy
* physiotherapy
* Specialist and complex nurses (incl diabetes, asthma etc)
 |  |  |
| Wye Valley Trust | Other Services at Hereford Hospital, e.g, hearing, vision |  |  |
| Specialist Health Services  | Specialist Health Services outside of Herefordshire |  |  |
| Youth Offending Service | Youth Offending Teams |  |  |
| Child and Adolescent Mental Health Service (CAMHS) | Child and Adolescent Mental Health Service (CAMHS) |  |  |
| Herefordshire Council | Adult and Well-being Teams |  |  |
| Schools, colleges and other educational settings | Your child’s current or previous school, college, Early Years provider or other educational setting |  |  |

**Please state any specific services not listed that you do not want us to gather information from:**

**Please state any specific services not listed that you do not want us to share information with:**

**☐ I give consent for Herefordshire’s Children and Families** **Directorate to conduct educational assessments and to provide support as detailed in relevant educational plans for my child.**

|  |  |
| --- | --- |
| **Parent/carer name** |  |
| **Signature** |  |
| **Date** |  |

PLEASE RETURN THE COMPLETED FORM VIA ANYCOMMS (EARLY YEARS INCLUSION) OR TO: **BUSINESS SUPPORT, CHILDREN AND FAMILIES DIRECTORATE, HEREFORDSHIRE COUNCIL PLOUGH LANE, PO BOX 4, HEREFORD, HR4 0LE**