**Early Years setting request for an integrated review by the Health Visiting Service**

If the Early Years setting has identified concerns about a child development and would like the Health Visiting service to consider an integrated review; please complete the referral form and email FAO Duty HV to: PortsmouthHealthVisitingService@solent.nhs.uk

Please ensure consent has been obtained from the parents, as without this, we will be unable to process this referral.

If there is a safeguarding concern, **please follow your own safeguarding policy**.

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The Duty HV will be alerted by a task that you would like a call back and this should be achieved within 48 hours

The referral form from the Early Years setting will be triaged by the health visiting service.

Contact will be made with the parents and the referrer to discuss concerns and if indicated an integrated review will be offer either at the Early Years setting or at a family hub.

If a ASQ assessment is completed within a family hub a copy will be uploaded to the child’s records a copy can be sent to the parents if requested which they can share with the Early Years setting, the Nursery Nurse will contact the Early Years setting to discuss the outcome.

**Prior to making a referral for an integrated review please consider the following:**

* **The criteria for an integrated review** – nursery must have concerns with the child’s development, a child with social and emotional vulnerabilities with **no other** development concerns does not meet the criteria for an integrated review unless it’s for an Early Years Panel notification. Consider referring to the Neuro Diversity team [Neurodiversity019Enquiries@portsmouthcc.gov.uk](mailto:Neurodiversity019Enquiries@portsmouthcc.gov.uk) or call 02392 606051. Nursery can complete an ND profile with the parent and child, the ND team can support you with this if you have not had any training. Sign post the parent to **Family Assist, Portsmouth Parenting Voice and Portsmouth Local offer.**
* If there are behaviour concerns within the Early Years setting, please contact your Early Years inclusion team- [eyinclusion@portsmouthcc.gov.uk](mailto:eyinclusion@portsmouthcc.gov.uk)
* If parents would like support at home, signpost to Family Assist to access online parenting courses , Portsmouth Family Hubs - to meet with a Family Champion  02392 88 25 88 or ask parents to call the HV duty number 0300 123 6629.
* If there are concerns with speech and language development, please contact the Therapies line number 0300 300 2019 and consider a referral to Speech and language.
* NB: Health Visitors are not automatically the Lead Professionals for allchildren under 5 unless the family are receiving targeted or specialist support. Early Years staff who see the children every day may be better placed to offer this additional support, using a Family Support Plan.

Consider contacting your Early Years Link Coordinator

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| **Childs name**  **Early Years setting request for an integrated review review** | **Main Address & Postcode** | **Contact Number(s)** | | **Interpreter needed** | |
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| **Include names of ALL people living at the address**  **First Name Last name** | | **Date of Birth** | | **Education Provision** | |
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| **Parental consent for Health visiting contact**  **(Please note referral will not be accepted without parental consent)** | | Parental signature: | | | Date: |
| **Does the child meet this criteria? If not look at the detail above.**  **Detailed account of the developmental concerns**    **Referrals completed by the Early Years setting.** | | |  |  | | --- | --- | |  | **Yes/No** | | ASQ and ASQse to support your Early Years panel referral |  | | ASQ and ASQse to support a referral to Community Paeds |  | | | | |
| |  |  | | --- | --- | |  | **Yes/No** | | Speech and Language |  | | Early Years panel |  | | ND team |  | | SENDIF |  | | Early Years inclusion team |  | | EMAS |  | | Portage |  | | | | |
| **What strategies are in place in the Early Years setting to support the child’s development needs?**  **What support do you think the Health Visiting service can offer in addition to the services already involved?** | |  | | | |
| **Name of setting, referrers name**  **and Contact Details of both**  **(include email address & phone number)** | |  |  | | |
| **Please email your completed referral securely to:**  [**portsmouthhealthvisitingservice@solent.nhs.uK**](mailto:portsmouthhealthvisitingservice@solent.nhs.uK%20) | | | | | |