

Lincolnshire Early Learning and Portage Support Service Referral Request

Once completed, please return this form to: referrals@elportageservice.co.uk

The Lincolnshire SEND Early Years Learning and Portage Service is an education-based service for pre-school children with Special Education Needs and Disabilities.

The Lincolnshire County Portage Service is affiliated to the National Portage Association (NPA) <https://www.portage.org.uk/>

Portage is based on the principle that parents and carers are the key figures in the care and development of their child.

Our aim is to work with families and children so that they can learn together, play together, participate and be included in their community.

The service provides home based education support for families and small group activities in local community spaces.

Referral Route

Referrals to Portage are made by professionals working with the family and parent/carer self-referrals.

New referrals are discussed at a multiagency panel meeting which takes place fortnightly and are subject to eligibility criteria.

Children with significant or complex developmental delay in two or more areas of development, one of these areas must be cognition (acquiring knowledge or understanding), will be considered for Portage support and will be triaged at the panel meeting to determine the most appropriate route for Portage support based on the needs of the child and also the family.

Example Eligibility Criteria guidance:

Birth – 18 months

- Suspected, diagnosed or an identified condition or syndrome where there is known to be an associated learning difficulty which is likely to impact on their educational development.
- Developmental delay in two or more areas of development, one of these areas must be cognition (acquiring knowledge or understanding)
- If a child meets the above criteria and is a looked after by the Local Authority, they will be prioritised

18 months – pre-school up to their 5th birthday, those children eligible for reception year are NOT able to access

- Developmental delay of 9+ months as identified in the SEND Code of Practice 2014
- Physical difficulties that significantly impact the child's access to learning
- Significant social and /or communication difficulties

If a child meets the above criteria and is looked after by the Local Authority, they will be prioritised.

Children will only be able to access the service if there is clear evidence that their educational development is not being met.

If you are unsure whether the referral is appropriate, please contact us.

Please complete this referral form fully and return to referrals@elportageservice.co.uk

Please note that the referral will not be processed without the information required and will be returned to the referrer.

Information may be shared in line with GDPR Policies and Privacy Notices.

Referrer's Details

Name	
Address	
Role	
Email	
Telephone	

Does the person with parental responsibility give permission for:		
The child to be referred to ELPSS?	YES	NO
Information to be shared as necessary between the Early Years Services?	YES	NO
Does the person with parental responsibility give verbal permission? (If NO please gain their signature below)	YES	NO
Signature of person with parental responsibility.		
Date		
Signature of the person making this referral		
Date		
Additional Information		
Have the family received information on ELPSS?	YES	NO
Do the family have access to transport?	YES	NO

PRIVACY STATEMENT

Lincolnshire Early Learning and Portage Support Service's lawful basis for processing personal data is a legal obligation. To see how we use your personal data and what your information rights are, please read our privacy notice available via the following web address <https://www.lwf.lincs.sch.uk/portage/80.html> . It should be read in addition to the council's overall customer privacy notice at [Join a children's centre | Privacy notice – Lincolnshire County Council](#) which includes the contact details if you have a complaint about your information rights.

Child's Details

FIRST NAME	SURNAME	DATE OF BIRTH	GENDER	ETHNIC ORIGIN
Person with Parental Responsibility (PR) (Please include all those with PR)				
Child's Home Address				

Parents'/Carers' Names	1 st Language	Preferred Language	Contact Number	Email Address

Any other relevant information to support a home visit? e.g. environmental factors

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Details of any childcare provision this child accesses or are due to access

Type of Setting	Hours child attends and days	Is this funded by their childcare entitlement? Y / N	Setting address	Setting Contact Name and Details
Pre-school				
Early Support Learning Provision				
Child Minder				
Children's Centre				
Speech & Language Pilot, drop in or communication groups				

Please tick as appropriate

Early Help Assessment (EHA)?		Education Health Care Plan (EHCP) Initiated?		Child in Care (CIC)?		Safeguarding concerns; Child in Need (CIN) or Child Protection (CP)?	
YES	NO	YES	NO	YES	NO	YES	NO
						CIN	CP
						YES	NO
Has the child had a development review?						YES	NO

Reasons for requesting Portage Service involvement:

Child's strengths: I can..... / I like to....
Reasons for referral and area of need, e.g., consider impact on educational development
Cognitive learning skills, e.g. I can
Child's physical skills, e.g. I can.....
Child's communication skills; including any non-verbal, i.e., takes adult hand to lead, pass an object to on request
Child's social interaction skills and behaviour, i.e. approaches adult to initiate interaction

Child's play skills, i.e. feeds dolly
Child's self help / independence skills, i.e. finger feeds / takes spoon to mouth
Additional relevant information

Please indicate agencies involved with the family and attach any relevant reports to this request.

Service / Practitioner	Signposted	Accessing	Referred	Name & Contact
Health Visitor				
Family Health Worker				
Speech & Language Therapy Service				
Community Paediatrician				
Physiotherapist				
Occupational Therapist				
Social Worker (please highlight if CIC / CP)				
SEST (Hearing Support / Vision Support / MSI)				
ESCO				
Early Help Worker				

When this form has been completed, please retain a copy and give a copy to the person with parental responsibility.