**HEALTH NEEDS EDUCATION PANEL REFERRAL FORM**

The Derby City Health Needs Education Panel has been set up to review cases in which pupils are likely to miss more than 15 days of school due to health needs. The panel will review eligible cases individually and will recommend suitable interventions and alternative provisions where appropriate.

**Before completing the referral form, please ensure you have met the following criteria. Unfortunately, we will not be able to consider any applications that do not meet the below requirements:**  
 **This referral form is for children and young people who:**   
1. Are Derby city residents    
  
2. Have missed 15 or more days of school due to health needs   
  
3. Have already received in-school interventions to support their attendance   
 **Please note that in advance of filling out the referral form you will need to have gathered:**  
  
1. Pupil absence data   
  
2. Evidence of school-based interventions and their impact    
  
3. Your setting's policy for supporting pupils with health needs, including the child’s

Individual Healthcare Plan.   
  
4. Supporting evidence such as health reports, support plans, one-page profiles, IEPs

annual reviews, risk assessments, current academic data   
  
5. Evidence of the child's views and parent/carer views    
  
6. Parental/carer consent

**All documentation and evidence to support this referral should be emailed together with the referral form to** [IYFA@derby.gov.uk](mailto:IYFA@derby.gov.uk)

**Referral Form Questions:**

I have permission to make this referral and for information to be shared and stored electronically from the young person or parent/carer.

YES

NB you must have answered yes to this question to proceed with the referral.

**Date of referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 1 - PUPIL DETAILS**

|  |  |
| --- | --- |
| Pupil name |  |
| Pupil DOB |  |
| Pupil gender |  |
| Pupil address - please note that the pupil must be a Derby City resident |  |
| Unique Pupil Number (UPN) |  |
| Pupil NHS number |  |
| School year |  |
| How long has pupil been enrolled in the setting (years) |  |
| Pupil ethnicity |  |
| Pupil nationality |  |
| Pupil religion |  |
| Pupil Premium  If yes, please specify how the pupil premium fund has been spent |  |
| EAL  If EAL, please specify first language |  |
| Known vulnerability factors e.g. CIN, CP, LAC, Young Carer |  |
| Has a safeguarding risk assessment been carried out?  \*This must take place if the child,   * Has a history of violence to others * Poses a significant risk to themselves of others * Has a history of substance misuse * Any other significant risks that may have an impact on the child’s presentation |  |
| Pupil health needs  \*This section should include all health needs leading to the pupil’s non-attendance and will be the main consideration of the panel, along with supporting evidence\* |  |
| Names of **ALL** other involved professionals and contact details:  e.g. social care, EWO etc |  |
| Pupil GP - name and address |  |
| Pupil Medical Practitioner – name and contact details |  |
| Any referrals made to health services?  Who?  When?  Outcome |  |
| SEND (SEN Support, EHCP, none)  \*For pupils with an EHCP, any E3 funding will follow the pupil whilst they are educated in AP. |  |
| Outline any behaviour concerns  Suspensions  When?  How long for?  Reason? |  |
| Child views - What is going well? What are you concerned about? What needs to happen next? |  |

**SECTION 2 - PARENT/CARER DETAILS**

|  |  |  |
| --- | --- | --- |
| Parent/Carer name |  |  |
| Relationship to child |  |  |
| Email address |  |  |
| Contact number |  |  |
| Interpreter required? |  |  |
| If yes, type of interpreter required? |  |  |
| Please detail any additional needs that would be relevant when communicating with parents/carers |  |  |
| Parent/carer views - What is going well? What are you concerned about? What needs to happen next? |  |  |

**SECTION 3 - SCHOOL DETAILS**

|  |  |
| --- | --- |
| Referring provider/main contact |  |
| Setting name |  |
| Setting address |  |
| Referrer email address |  |
| Has this case been discussed with EWS? Please provide outcomes. |  |
| School views - What is going well? What are you concerned about? What needs to happen next? |  |

**SECTION 4 - ATTENDANCE DATA**

|  |  |
| --- | --- |
| **Attendance Data**  Please outline pupil attendance and any relevant Education Welfare support. Please provide data from when the pupil started at your setting (attendance reports should be attached to the email when sending the referral form) |  |

**SECTION 5 - SCHOOL INTERVENTIONS**

Please attach all relevant evidence to this referral form, for example: school-based support and interventions, health reports, individual support plan, one page profile, pastoral support plans, most recent annual review, latest academic report, any involvement from additional services with contact details. Provide the impact of any school-based interventions and how they have been measured.

**Check list – the following documents MUST be included in the referral**

|  |  |
| --- | --- |
| Medical evidence, including health reports |  |
| Individual Healthcare Plan |  |
| Attendance data (including a print out of the herringbone) |  |
| Current academic data (school report) |  |
| Inclusion Graduated Response |  |
| Evidence / impact of interventions from the EBSNA pathway |  |
| Behaviour log, including suspensions and the number of days |  |
| SEND – IEP / 1 page profile and / or EHCP/ annual reviews |  |
| Support Plans |  |
| Reports from external agencies (e.g. STePS) |  |
| EHA (if appropriate) |  |
| Risk Assessment |  |
| Parental consent |  |
| Any other useful information |  |

**What happens next?**

Your referral will be triaged, and you can expect to hear a response within 7 working days following the panel.

If you have not included the required documentation and evidence the referral will not be able to be passed on to be heard at the Health Needs Panel.

**Data Protection**

We use the data you provide in this form to help us make the best decision for the child or young person you are referring, and to ensure that we are the right service for you or the person you are referring. We will keep this information as part of a record of our work with you or the person you are referring. All information is held securely — electronic and paper records are kept in a secure way.  
  
**Privacy Statement**  
You are providing your information to Derby City Council. Your information is collected to assess the needs of the child or young person you are referring and consider provision of appropriate services. Your information will also be used to improve service delivery as required to fulfil the council’s duties under the Children Act 1989, Education Act 1996, SEN code of practice and other DfE regulations, where appropriate.  
  
The information will be shared with other Council services and partnership organisations to ensure that your assessment and support is accurate and that you receive the appropriate and holistic support required. Information will be obtained from other Council services, Health services, Social Care, and Education as appropriate.   
Further information can be found at [Children and Young People - privacy notice - Derby City Council](https://www.derby.gov.uk/site-info/privacy-notices/a-z/children-and-young-people/)