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**Specialist Early Education Service (SEES)**

**Portage, Positive Play (PPP), the Local Early Autism Programme (LEAP) and Communication and Play Programme (CAPP)**

**www.surreycc.gov.uk**

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**Revised criteria and referral form effective from 1st November 2022**

**A home visiting support service for families of pre-school children with additional needs. Collaborative working with pre-school settings is a feature of SEES programmes**

SEES professionals are highly trained in a range of evidence-based approaches to support pre-school children with additional needs. SEES benefits from being part of the Educational Psychology Service which provides quality supervision to area lead teaching staff, training, and advice for SEES Teams.

SEES is primarily a home visiting support service. SEES professionals are experienced in working closely with families. We endeavour to engage with and support young children through a play-based approach.

SEES aim to work collaboratively with families to foster a clear understanding of their child’s individual needs, and to build parental confidence to enable families to feel skilled in their ability to support the development of their child with additional needs.

SEES support is effective when the partnership between a family and the SEES professional is strong. Parents/carers need to be committed to the Programme and carry out agreed activities to support their child between home visits.

The SEES team work closely with other relevant professionals to ensure that everyone works towards shared goals. This liaison may also include visits and support to pre-school settings.

SEES provide a range of early years home-based programmes:

* Portage
* Communication and Play Programme (CAPP)
* Local Early Autism Programme (LEAP)
* Positive Play (PPP)

**Portage**

Portage is a nationally accredited and successful home-based teaching programme for families of young children who present with additional needs. A targeted, small step, developmental approach is taken to promote skills in communication and interaction, play/cognition, fine/gross motor, and self-help. All children follow an individualised programme tailored specifically for them.

The duration of a Portage Programme is dependent upon a child’s individual needs, progress and the ability of the family to commit to the programme. Programmes will be reviewed termly. Weekly or fortnightly home visits may be offered.

Please provide detailed assessment information, such as a developmental checklist for the child.

**Portage Referral Criteria**

* The child being referred is aged between 12 and 30 months
* The child’s development is delayed by 1/3 of their chronological age in 2 or more areas of development.

**Communication and Play (CAPP)**

The Communication and Play programme (CAPP) is an effective early intervention which has been developed in Surrey. It provides information and support to families of children who have Social Communication needs or who have been diagnosed as Autistic. The programme aims to support families with practical ideas and strategies to help their child’s learning and development. This is a home-based programme which typically lasts for half a term.

Evidence based strategies are modelled and shared with parents according to child’s needs and family priorities.

Please provide detailed assessment information including observations.

**CAPP Referral criteria**

* The child being referred is aged between 24 months – 30 months.
* Main area of need is social communication difficulties or Autism

**Local Early Autism Programme (LEAP)**

LEAP is a highly effective early intervention which was developed in Surrey. LEAP provides intensive support to families of children who have severe and complex social and communication needs. This includes children who are awaiting or who have been diagnosed Autistic. ‘SCERTS’ (an autism specific framework) is used to assess, plan and review each child’s individual programme. Key visual and rule-based strategies are promoted which focus on developing children’s skills in *social communication* and *emotional regulation*

Typically, one home visit and one pre-school visit is made each week, although local community visits can

be made if appropriate. There will be a formal termly review of progress using SCERTS data to identify whether the child continues to meet the criteria and whether the family and pre-school are engaging with the programme.

Please provide detailed assessment information including checklists and observations

**LEAP Referral Criteria**

* The child needs to be referred for LEAP between the 1st of April and the 20th June in their -2 National Curriculum year (NCY) and LEAP is delivered in their -1 NCY (preschool year).
* The child has severe and complex social and communication needs. This includes children who are awaiting or who have been given a diagnosis of autism.
* LEAP places are allocated based on severity of need.
* The child is not in receipt of other specialist educational support services such as a specialist   
  nursery, ABA or Portage.
* Once LEAP places are allocated for the academic year there will be no additional places available for that year group. (We do not keep a waiting list)

**Positive Play Programme (PPP)**

PPP is a homebased support programme for families of preschool children with social, emotional and behavioural needs. It aims to develop the knowledge and skills of the family to support their children.

Please provide detailed assessment information and observations

**PPP Referral Criteria**

* The child being referred will be in their preschool year.
* The child presents with extreme behavioural difficulties that have had impact on their learning and home environments.
* There are no other developmental concerns such as social communication needs or Autism.
* Parents need to have accessed parenting support such as parenting puzzle, behaviour support from health visitor or early years setting prior to referral.

**Making a referral to SEES**

**(Portage, CAPP, LEAP or PPP)**

SEES operates an open referral system. When making a referral please ensure that parents/carers are available and committed to receiving regular term time home visits during school hours.

Referrals should be made on the SEES referral form below, please attach clinic letters, additional information, reports etc.

**NB Please include signed consent from parents/ carers**

**Specialist Early Education Service (SEES)**

**Portage, Positive Play (PPP), the Local Early Autism Programme (LEAP) and Communication and Play Programme (CAPP)**

**Referral form**

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| **To be completed with reference to SEES criteria above**  The SEES team will triage all referrals and decide on the most suitable programme so please enclose as much information as possible including reports, support plans etc | | | |
| **Child’s Name**: |  | **Date of Birth**: | **Gender**: |
| **Address**: |  | **Name of Parent/Carers**: | |
| **Phone Numbers**: |  | **Email Address** (please include for communication): | |
| **Ethnicity**: |  | **First Language**: | |

|  |  |
| --- | --- |
| **Nursery / Pre-School Setting**: | **Sessions attended:** |
| **Phone Number**: | **Email Address**: |
| **Other professionals involved please attach reports/clinic letters**  Speech and language therapist  Paediatrician  Physio/OT  Community nursery nurse  Early Support/family centre  Other | |
| **Does the family receive any support from children’s social care, Early Support or family centre: Yes/No**  **If yes, please state the nature of this involvement**: | |
| **Does the child have a specific diagnosis** | |

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| **Brief description of child's difficulties and areas of need:**    Language and Communication:  Play and Learning:  Social and emotional:  Physical and Self help:  Main area of difficulty: |
| **What outcomes are you hoping for from this referral**? |
| **Other relevant information:** |

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| **Parental comments**: |
| Parental Consent. I give permission for the following   * I have read this form and agree for SEES to have involvement with my child. * I consent to relevant information being shared with relevant health and education services. * I agree to have my child’s data held on file. * I agree to my child’s data being used anonymously to improve the SEES service. * I agree to being contacted by email and telephone in reference to this referral.   Name of Parent/Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/ Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE NOTE we are unable to process this referral without either a written signature or an email to the relevant area SEES inbox (***see below***) from the parent/carer giving the child’s name, DOB and consenting to the above statements.** |

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| --- | --- |
| Referred by: | Position: |
| Contact address: | Email address: |
| Phone Number: |
| Has this referral has been fully discussed with the family: Yes/No | Does the family require a translator: Yes/No |

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| --- |
| **Please return this form to the Specialist Early Education Service (SEES) in the relevant area:**   * For Woking, Runnymede and Surrey Heath: [nw.sees@surreycc.gov.uk](mailto:nw.sees@surreycc.gov.uk) * For Guildford and Waverley: [sw.sees@surreycc.gov.uk](mailto:sw.sees@surreycc.gov.uk) * For Spelthorne, Elmbridge and Epsom and Ewell: [ne.sees@surreycc.gov.uk](mailto:ne.sees@surreycc.gov.uk) * For Mole Valley, Reigate and Banstead and Tandridge [se.sees@surreycc.gov.uk](mailto:se.sees@surreycc.gov.uk) |