

# Early Years Inclusion Notification Guidance on EHM liquid logic portal



# An easy guide to completing an Early Years Inclusion Notification on EHM liquid logic portal

## Area SENCo presentation

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# Aims of session

- To understand the required process to submit an Early Years Inclusion Notification on EHM liquid logic portal
- To be aware of the evidence required to support the notification
- To understand how to add additional information via the 'existing notification route' following an outcome from the Early Years Inclusion Process

## Preparation- the more information that is included the stronger the notification

Two cycles of Graduated Response evidence, which **could** include:-

- 2+ Individual Provision Maps (IPMs)/ support plans (ISP) - parents and setting have signed
- Strategies trialled over time
- A record highlighting intervention/support/staffing
- Evidence of funding received e.g. GR4 challenge/exceptional
- Early Support tracking sheet overview with secure levels
- External agency reports and/or copy of referrals e.g. speech and language/PD Outreach/Inclusion visit summary sheets

# 1. Follow this link to the Liquid Logic user guide and register/log in.

<https://ehmportal.worcschildrenfirst.org.uk/web/portal/pages/healthprovidernotificationh1#h1>

The screenshot shows the 'Health / Provider Notification Form' page. At the top right, there is a navigation bar with 'Home', 'Recover a form', and a user profile for 'Amy Rowley'. Below this is a breadcrumb trail: 'Home / Children, young people and families / Portal Home / Health / Provider Notification Form'. The main heading is 'Health / Provider Notification Form'. On the left, a vertical list of steps is shown, with step 1 'Portal Health/Provider Notification Form' highlighted in a purple box. To the right of this list, a red warning message states: 'A referral cannot be made until discussed with parents who have indicated that they are happy with this.' Below the warning is a 'Next →' button. At the bottom of the page, there are five buttons: 'Print', 'Save for later', 'Create PDF', 'Close', and 'Cancel'.

# 2. Before we get started- please add the name that you wish to refer

Home Recover a form Amy Rowley

Home / Children, young people and families / Portal Home / Health / Provider Notification Form

## Health / Provider Notification Form

- 1 Portal Health/Provider Notification Form
- 2 Before we get started**
- 3 Your Details
- 4 Person's Details
- 5 Notification of Special Educational Needs
- 6 Child's voice
- 7 Additional Support Services Involvement
- 8 Current Early Years Setting
- 9 Social Communication Skills
- 10 Consideration for further educational support
- 11 Supporting Documentation

### Before we get started

Please add child/rens names names that you wish to refer.

Once completed use **Confirm** to save your changes

Please add details of all persons to be included in this form to be submitted to the Local Authority

Forename	Surname	
Amy	Rowley	+

You will be asked for more details of the person/s later in the form.

**Don't** use the Browser 'Back' button.

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# 3. Your Details- log in or register

These are the registered users' details.

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### Your Details

In order to progress with this form you must either log in or complete a simple registration for a new account. You can then continue to complete this form. This will enable you to track the form at a later date.

Login or Register

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# 4. Person's Details

Please complete as a professional and your relationship to the child and the add the child's details

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### Person's Details

(H2) Please select Professional for 'I am completing a form as a'.

Who is this about

I am completing this form as a \*

Your relationship to person \*

First name \*

Last name \*

Date of birth \*



Is date of birth estimated?

Gender \*

Ethnicity

Email

Telephone



# 5. Notification of Special Educational Needs

Are you a  
Health or  
Early Years  
Professional?

Is this a new  
notification?  
Yes- complete  
No- skip to  
page 26

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Who is this about

I am completing this form as a \*

Your relationship to person \*

First name \*

Last name \*

Date of birth \*



Is date of birth estimated?

Gender \*

Ethnicity

Email

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6. Child's voice- provide a summary of the child's difficulties or medical conditions, which may constitute special educational needs.

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### Person's Details

(H2) Please select Professional for 'I am completing a form as a'.

Who is this about

I am completing this form as a \*

Your relationship to person \*

First name \*

Last name \*

Date of birth \*



Is date of birth estimated?

Gender \*

Ethnicity

Email

Telephone

# 6. Questions to prompt you with Child's voice

What is their prime area of need?

Which developmental stage is the child tracking at on the EY support tracker?

What evidence do you have to show progress to the interventions you have completed throughout the graduated response?

Which professional advice have you followed?

Does this child have a physical/visual/hearing need? Have you referred them to a professional to support this?

Does the child have social communication difficulties?

Does the child use at least 3 different words or phrases (either spoken or via: signing, pictures, written words, or other symbolic system) to refer to specific objects, people, or activities appropriately and in the right context? Yes / No

Does the child use at least 3 words or phrases (either spoken or via : signing, pictures, written words, or other symbolic system) to try to communicate with others with meaning and purpose? Yes / No

Does the child use at least 3 words or phrases (either spoken or via : signing, pictures, written words, or other symbolic system) regularly (i.e., often and not just on a rare occasion) to communicate with others? Yes / No

Have you submitted an EHC assessment request for this child?

# Example statements

- Freya presents with significant delays in the area of Communication and Language as evidenced in Early Support: Step 4 0-11/8-20 months (see appendix....)
- Expressive – Freya can communicate with single words. She can respond to simple questions.
- Understanding – She understands simple instructions and questions with adult support.
- Communicates – Freya mostly communicates by taking the adult's hand to where she wants to go or points to desired items. She labels items during play but does not tend to verbalise in an attempt to communicate.
- Listening and attention – Freya presents with limited listening and attention skills. However she is now engaging in small group sessions when the content interests her but will opt out for other listening sessions where she will choose to play with desired and favoured items. She sometimes tries to join in at song time by rocking and gesturing but is not yet singing songs.
- Interaction – Freya will approach an adult and a few peers and will take their hand and lead them to a chosen activity. She will sometimes take a book to an adult and put herself on a lap.
- Play Skills – Freya tends to play in a repetitive manner regularly choosing small world figures and engaging in set scenarios such as climbing up the steps and falling down the slide repeatedly.

# Example statements

- Rio presents with a global developmental delay as diagnosed in the recent report by his Paediatrician. The development of his cognition and learning skills is currently managed through sensory experiences
- Oliver can attend for brief periods of up to about 30 seconds
- Tia uses five signalong signs and although she sometimes understands a few more than this, her responses are inconsistent
- Zain's play skills are delayed in line with the other areas of his development. He will explore toys and will stay at an activity for a little while (up to two to three minutes) if he is interested. He is starting to show some early imaginative play, but he will often throw toys and mouth items.

# 7. Additional Support Services Involvement

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### Additional Support Services Involvement

#### Social Care / Early Help Services

Is this child known to social care / early help?  Yes  No

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# 8. Current Early Years Setting

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### Current Early Years Setting

	Name of Early Years Provision	SENCO email address	Provision phone number
Current Early Years Setting (Provider 1)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Early Years Setting (Provider 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Early Years Setting (Provider 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full screen

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Save for later

Create PDF

Close

Cancel



# 9. Social Communication Skills- part of the SCERTS assessment- find out more here

<https://www.worcestershire.gov.uk/sites/default/files/2023-10/EYIF%20SCERTS%20%20Stage%20questions%20%282%29%20%281%29.pdf>

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### Social Communication Skills

Has the child been referred to the Umbrella Pathway for investigation into possible autism?

- Yes  
 No

Does the child have a confirmed diagnosis of autism?

- Yes  
 No

Does the child use at least 3 different words or phrases (either spoken or via signing, pictures, written words, or other symbolic system) to refer to specific objects, people, or activities appropriately and in the right context?

- Yes  
 No

Does the child use at least 3 words or phrases (either spoken or via signing, pictures, written words, or other symbolic system) to try to communicate with others with meaning and purpose?

- Yes  
 No

Does the child use at least 3 words or phrases (either spoken or via signing, pictures, written words, or other symbolic system) regularly (i.e., often and not just on a rare occasion) to communicate with others?

- Yes  
 No



# 10. Consideration for further educational support

## What is your intended outcome of this notification?

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What is your intended outcome of this notification?

This is for information only - no further action required

- Yes
- No
- Not Known

Physical Disabilities Outreach Team

- Yes
- No
- Not Known

Visual Impairment Team/ Hearing Impairment Team / Multi Sensory Impairment Team

- Yes
- No
- Not Known

Please consider additional support for the Inclusion Support Services

- Yes
- No
- Not Known

Has the above been discussed with parents?

*A referral cannot be made until discussed with parents who have indicated that they are happy with this.*

- Yes
- No

# 11. Supporting Evidence

Please attach as much evidence as possible.

- 2 Individual Provision Maps (IPMs) and/or support plans (ISPs)- parents and setting have signed
- 2 IPM/ISP reviews - all signed
- Bullet point of all strategies trialled over time
- A record highlighting intervention/support/staffing
- Evidence of funding received e.g. GR4 challenge/exceptional
- External reports and/or a copy of referrals from outside agencies

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### Supporting Documentation

You will only be able to attach the following file types:

- Word Documents
- PDF Files
- Images (in jpg / jpeg / png format)





[Print](#)

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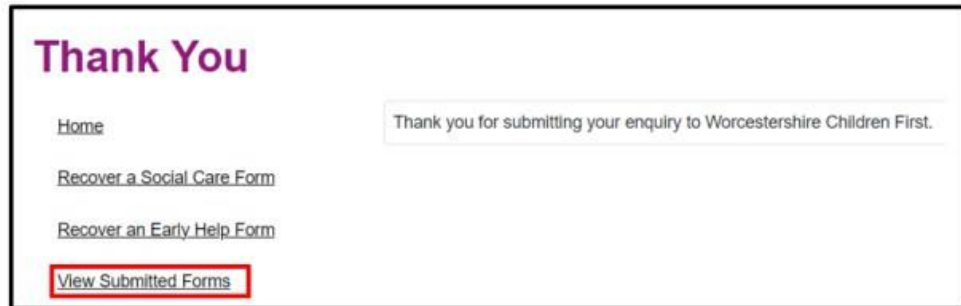
[Close](#)

[Cancel](#)

# Viewing and Printing Submitted Forms

## Viewing and Printing Submitted Forms

Submitted forms are available on the account for **30 days once submitted**. The form can be viewed either by clicking **View Submitted Forms** on the Thank You screen or by clicking on **Recover A Form** at the top of the screen



Please see the user guide for more detailed information.

We advise you to print a copy for your own records.

# Send to the Inclusion Support Team via Liquid Logic

**All this information – each section, Child’s Views and copies of all the supporting evidence referred to at the start of this presentation (‘preparation’ - such as IPMs, Reviews, Early Support, Outside agency reports etc) needs to be scanned and uploaded.**

# Adding information to an 'existing notification'

If you have already submitted a notification and you have further concerns about the child or have received additional outside professional reports, then you can add this into an 'existing notification' by following these steps.

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Home Recover a form Amy Rowley

Home / Children, young people and families / Portal Home / Health / Provider Notification Form

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Amy	Rowley	+

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# 4. Person's Details

Please complete as a professional and your relationship to the child and the add the child's details

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### Person's Details

(H2) Please select Professional for 'I am completing a form as a'.

Who is this about

I am completing this form as a \*

Your relationship to person \*

First name \*

Last name \*

Date of birth \*



Is date of birth estimated?

Gender \*

Ethnicity

Email

Telephone

# 5. Notification of Special Educational Needs

Select No under 'is this a new notification?'

Updated/New Information about child's needs- add in information, see next slide for prompts

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### Notification of Special Educational Needs

Under Section 23 of the Children and Families Act 2014, Health Authorities and NHS Trusts have a duty to inform the local authority when they form the opinion that a child under compulsory school age has or may have special educational needs. This form is to be completed when evidence suggests a child may have significant difficulties/disabilities. The form may be completed by any professional agency and / or early years provider working with the child and family and where clear explanation of the Early Years Inclusion Forum system has been given and explicit consent has been given. Please give a copy to the family. This form may be passed on to schools.

Please ensure every box is completed (including N/A in the relevant boxes otherwise the EYIFN will be automatically rejected on receipt.)

Are you filling out this form as a Health professional or Early Years professional?

Health professional  
 Early Years professional

Is this a new notification?

Yes  
 No

Updated/New Information about child's needs

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# Updated/New Information about child's needs- Questions to prompt you

What is the main area of developmental need?

Which developmental stage is the child tracking at on the EY support tracker?

What evidence do you have to show progress to the interventions you have completed throughout the graduated response?

Which professional advice have you followed?

Does this child have a physical/visual/hearing need? Have you referred them to a professional to support this?

Does the child have social communication difficulties?

Does the child use at least 3 different words or phrases (either spoken or via: signing, pictures, written words, or other symbolic system) to refer to specific objects, people, or activities appropriately and in the right context? Yes / No

Does the child use at least 3 words or phrases (either spoken or via : signing, pictures, written words, or other symbolic system) to try to communicate with others with meaning and purpose? Yes / No

Does the child use at least 3 words or phrases (either spoken or via : signing, pictures, written words, or other symbolic system) regularly (i.e., often and not just on a rare occasion) to communicate with others? Yes / No

Have you submitted an EHC assessment request for this child?

# 6. Current Early Years Setting

## EYFS Early Support Levels and summary of needs

Add secure levels  
from EY tracking  
document

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### Current Early Years Setting

EYFS Early Support Levels and summary of needs

Please provide the child's current levels of SECURE functioning only:

Area of Development	Chronological age (in months)	SECURE EYFS Early Support stage (e.g. 0-11) and Step
Personal, Social & Emotional - PSED	<input type="text"/>	<input type="text"/>
Communication and Language - CL	<input type="text"/>	<input type="text"/>
Physical - PD	<input type="text"/>	<input type="text"/>
Thinking	<input type="text"/>	<input type="text"/>

[Full screen](#)

Any supporting documentation can be uploaded in the Supporting Documentation section.

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# 7. Supporting Documentation

## Please attach

- 2 Individual Provision Maps (IPMs) and/or support plan (ISP)
- 2 IPM/ ISP reviews - all signed
- **Bullet point of all strategies trialled over time**
- **A record highlighting intervention/support/staffing**
- **Evidence of funding received e.g. GR4 challenge/exceptional**
- **External agency reports and/or referrals**

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### Supporting Documentation

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 Upload Document

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# **Send to the Inclusion Support Team via Liquid Logic**

**All this information – each section, Child's Views and copies of all the supporting evidence referred to at the start of this presentation ('preparation' - such as IPMs, Reviews, Early Support, Outside agency reports etc) needs to be scanned and uploaded.**

# 8. Submit Referral

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# Useful Contact details

## Early Years Inclusion Team

01905 843099

[Email: eyinclusion@worcschildrenfirst.org.uk](mailto:eyinclusion@worcschildrenfirst.org.uk)

[Eynotification@worcschildrenfirst.org.uk](mailto:Eynotification@worcschildrenfirst.org.uk)

[support@worcschildrenfirst.org.uk](mailto:support@worcschildrenfirst.org.uk) for liquid logic support

Website:

<https://www.worcestershire.gov.uk/WCFEducationServices/info/31/early-years-inclusion>