**Access Pathway Review Request – Author/Lead Professional Guidance**

An author or lead professional can submit a request for the Access Pathway Panel to review a child’s needs following completion of the previous panel recommendations. The author/lead professional making this request is responsible for ensuring that all professionals/services involved with the child/young person (CYP) have been consulted with and provided an opportunity to contribute towards the review document. The author/lead professional needs to evidence that they have fully involved the parent/carer and CYP with the review process and that their voices have been shared within the document. It is the responsibility of the author/lead professional to ensure they, or a professional who knows the child well, attends the panel review meeting. An invitation email will be sent out two weeks prior to the review.

**Child/YP details:**

|  |  |
| --- | --- |
| Full name of Child/YP |  |
| Date of birth |  |
| Nursery/ School/College |  |

**Author/lead professionals' details:**

|  |  |
| --- | --- |
| Name |  |
| Job Role |  |
| Telephone |  |
| Email |  |

**Up to date Parent/Carer contact details:**

|  |  |
| --- | --- |
| Parent/Carer Name  |  |
| Relation:  |  |
| Telephone Number |  |
| Email Address  |  |
| Address |  |

|  |
| --- |
| **Date/s heard at Panel:** |
|  |

|  |
| --- |
| **Lead professional/author & other agencies which contributed to this review** |
|  |

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| --- |
| **What is the parent/carer and CYP hoping for as an outcome of the review?**  |
|   |

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| --- |
| **Are there any new concerns you need to make us aware of and what support has been accessed to address these?** |
|  |

Please complete the below table and detail the outcome of each recommendation in as much detail as possible to ensure the panel are able to understand what has been put in place, the impact on the CYP and what is still needed to further support the CYP and their family. Up to date reports and other services involvement is required as additional evidence and must be submitted along with this document. If you do not have access to the previous panel recommendations please contact the Access Pathway Team via email (access-pathway@nelincs.gov.uk) to request a copy.

**Summary of recommendations made:**

|  |  |  |
| --- | --- | --- |
| **Recommendation** | **What has been done? Is there any evidence?** | **What else needs to happen?** |
| **1)** |  |  |
| **2)** |  |  |
| **3)** |  |  |
| **4)** |  |  |
| **5)** |  |  |
| **6)** |  |  |

|  |
| --- |
| **Is there anything else you wish to share with the panel?** |
|  |

Please sign below to confirm you have been involved within this process and are aware of the details being shared within this document.

**Person(s) with Parental Responsibility (PR) or Young Person giving consent** (Please refer to the [Fraser Competency Checklist](https://www.safernel.co.uk/wp-content/uploads/2019/10/Fraser-competency-checklist.doc))

**Please Note:** If the child is Looked After PR may sit with Local Authority – consult with Social Worker in this instance.

|  |  |  |
| --- | --- | --- |
| **Parent/Carer Name (please print):** | **Signature:** | **Date:** |
| **Child/Young Person Name if competent under Fraser guidelines (please print):** | **Signature:** | **Date:** |