

Early Years Multi-Disciplinary Team Terms of Reference (Version 5.0)

1. Introduction

Aligned with the Best Start in Life (BSiL) ambitions, the Early Years Strategy, and the Inclusion & SEND Strategy 2022–25 (formally extended to September 2026), the Early Years Multi-Disciplinary Team (EYMDT) enables partner agencies to work collaboratively to support young children through a graduated and inclusive response.

The EYMDT aims to improve outcomes and reduce inequalities for children aged 0–5 by strengthening joint planning, shared accountability and integrated delivery of support. Through this coordinated approach, it is anticipated that referrals for specialist and statutory services will be more timely, appropriate and based on clearly evidenced need.

The EYMDT provides a regular forum for agencies to consider and agree next steps for children whose needs have not been met through earlier interventions within the Graduated Pathway. All referrals to the EYMDT are expected to evidence that appropriate support has been implemented, reviewed and evaluated, and that the TAC/TAF has agreed that escalation to EYMDT is appropriate.

Through holistic discussion and multi-agency decision-making, the EYMDT supports a shared understanding of the child's strengths and needs, considers all available options, and agrees the targeted allocation of additional support and resources to secure the best possible start in life.

2. Background

The early period of a child's life is a critical phase of development, during which experiences and support have a profound and lasting impact on outcomes. To reach their full potential, young children require the right support, at the right time, from their family, and from education, health and wider partner services working together. The early years are fundamental in shaping children's learning, wellbeing and resilience, and in establishing the foundations for future success.

In Gloucestershire, the number of requests for Education, Health and Care Needs Assessments (EHCNAs) and parental requests for special school places for children aged five years and under has remained at a consistently high level over recent years. Reception and Head Teachers continue to report that a significant number of children are starting school without the key skills needed to support learning. Ongoing concerns include speech, language and communication needs, social and behavioural difficulties, and the impact of underdeveloped emotional regulation and resilience. These concerns are reflected in EYFS profile data, are evident across the county, and are recognised nationally by the Department for Education (DfE).

The first statutory marker of children's educational attainment is captured at the end of the Early Years Foundation Stage (EYFS), when children are aged five. The EYFS profile provides a rounded assessment of each child's knowledge, understanding and abilities in relation to expected levels, as well as their readiness for Year 1. In 2025, the overall percentage of children in Gloucestershire achieving a Good Level of Development (GLD) was 68.57%, which was 0.27 percentage points above the national average. However, too many children continue to complete the reception year without secure language and early literacy skills, which evidence shows are critical foundations for later learning, attainment and life chances.

The Health Visiting Service delivers a universal mandated offer of developmental reviews at 9–12 months and 2 years, providing important early indicators of children’s development against expected milestones. These reviews play a key role in identifying emerging needs at the earliest possible stage. Together, this evidence reinforces the importance of robust and effective partnership working to identify and respond to the needs of young children early, reduce escalation and ensure timely, proportionate support.

Strong multi-agency collaboration enables holistic planning, shared accountability and coordinated intervention, all of which are essential for improving outcomes and ensuring every child has the best possible start in life.

3. Aims and Values

Guided by the Best Start in Life (BSiL) ambition, the EYMDT works to ensure young children receive the right support at the right time through effective partnership working.

- To work collaboratively across agencies to provide holistic support and early intervention for children aged 0–5 and their families, securing positive outcomes.
- To recognise parents and carers as key partners, ensuring they are actively involved and kept informed throughout decision-making.
- To make effective use of shared knowledge, expertise and resources, reducing duplication and identifying opportunities for system improvement.
- To use shared data and learning to identify patterns, gaps and priorities to inform future service planning.
- To promote a culture of shared accountability, partnership planning and constructive professional challenge.

4. Tracking outcomes and reviews

EYMDT will track the outcomes of the children referred to determine the impact of the recommendations made. An impact review form is completed by the Lead Practitioner six months after the meeting. This data is collated over the year to identify trends and gaps etc.

If funding is agreed, the Lead Practitioner also completes a short form evaluating the impact of the resource. Again, this data is collated over the year to measure impact.

5. Legislative Framework

Early help and safeguarding for young children are underpinned by a clear statutory framework.

Keeping Children Safe in Education requires all education staff to be aware of the early help process, identify emerging needs, share information appropriately and work with other professionals to support timely intervention.

Effective early help is a shared, multi-agency responsibility. Working Together to Safeguard Children (2023) and the Children Act 2004 place a duty on local authorities and relevant partners to cooperate to safeguard children and promote their wellbeing.

The Children Act 1989 provides the overarching legal framework for safeguarding and promoting the welfare of children, emphasising early, preventative and proportionate support.

The Childcare Act 2006 places duties on local authorities to improve outcomes for young children, reduce inequalities and promote integrated working, supporting the Best Start in Life (BSiL) ambition.

Early identification and joint working for children with additional needs are further supported through the SEND Code of Practice (2015) and the statutory Early Years Foundation Stage (EYFS)

6. Membership

Core Membership will comprise the following as noted below.

GCC EY Early Education & Child Development Manager	GCC CD & SEND Lead	Education Inclusion Service representative
Early Years Provider Forum representative	Health Visiting Service representative	Speech and Language Therapy Service representative
GCC Early Help Partnership Manager (or representative)	Dingley's Promise representative	GCC Educational Psychology Service representative
GCC Advisory Teaching Service representative		

All members are responsible for reading information circulated prior to the EYMDT and bringing additional information from their own agency as relevant.

Where there is a legitimate need to do so, members may take notes from the EYMDT meeting that will assist with ongoing agency intervention.

Additional membership may also include representation from the following agencies if relevant to an individual referral:

NHS Physiotherapy	NHS Occupational Therapy	Gloucestershire Hospitals Foundation Trust
GCC Early Help Co-ordinator	Neighbourhood & Community Harm Reduction Policing Team	Domestic Abuse Services
Housing Providers	Adult Mental Health Teams	Adult Substance Misuse Services
Local community organisation	GCC Families First Manager	Dynamic Key Worker Team

Time slots will be allocated to additional members to minimise the demands on their time.

7. Roles to support the function of EYMDT

CD & SEND Lead to oversee the receipt, collation and circulation of cases for discussion at the EYMDT meeting. EE & CD Manager and CD & SEND Lead triage all cases prior to meetings to ensure relevant information is included to enable robust discussion and decision making.

EY Service Admin record all funding decisions against a child's record on GCC's Children's Services database (Capita One).

EY & CC Service Funding Team process all funding requests using GCC agreed protocols.

Educational Psychology Service representative agrees any cases that will be considered by EP Service

Not all representatives are able to allocate a service, but all represented agencies will help to consider whether a referral to their service is appropriate.

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GCC Early Help Service will support settings where there is a need to implement the Graduated Pathway and develop high quality My Plans and My Assessments.

8. Consent

Referring organisations must have informed the parents/carers of children they wish to discuss at the EYMDT meeting. This means they must be informed as to how their information will be used, who it will be shared with and what actions may result. To achieve this, individuals must be provided with the [GCC notification of referral](#) & [your information leaflet](#).

Further information about the EYMDT model can also be found on [EYS webpage](#). All documentation in relation to the EYMDT model will be made available on the webpage to ensure transparency.

The referring organisation or practitioner must have an effective audit trail of how and when consent was given, so they can provide evidence if challenged. This should be kept as evidence for as long as the information is still processed unless there is lawful reason for it to be held for longer. The relevant practitioner also needs to ensure that individuals are given the option to exercise their rights under data protection legislation.

GCC will be responsible for processing any information rights in relation to EYMDT. Any request for information received should be notified to GCC as soon as possible but no less than 5 working days from receipt of the request. For more information on how data subjects can use their rights, please visit: [Your information rights - Gloucestershire County Council](#)

All members agree to provide support as required by the Council to fulfil any request for information. This may include full details of any information they hold about the individual provided at the EYMDT meeting.

9. Referral of Cases

Any practitioner working with children under statutory school age (up until the end of pre-school year) may make a referral to the EYMDT, with consent from parent/carers.

Referring practitioners will be responsible for ensuring that information held by their agency is available during the EYMDT meeting and that parental consent and views have been gained.

Referring practitioners will take responsibility for liaising with partner agencies following the EYMDT meeting where necessary.

Referring practitioners will be responsible for providing timely feedback to EYMDT that enables progress to be monitored and impact to be measured for all children discussed following an EYMDT referral.

10. Management of Referrals

Referrals will be submitted to a generic email inbox (EYMDT@gloucestershire.gov.uk) and will be subject to a triage process prior to being accepted for discussion at EYMDT.

Triage Team will be coordinated by the CD & SEND Lead and EE & CD Manager. The purpose of Triage is to minimise delays in decision making by ensuring all evidence has been included in the submission.

Following Triage, all cases agreed for EYMDT will be sent via secure email to the core group membership at least five working days prior to the meeting. Additional members will be invited as required and will receive the paperwork relevant to their involvement only.

11. Presentation of Cases to EYMDT

The Chair will lead the agenda and present cases; each will be given a 15-minute slot.

A review date will be set for all cases discussed and the CD & SEND Lead will collate evidence of impact and present findings to EYMDT on an annual basis.

12. Frequency of meetings

The EYMDT will be held every six weeks throughout the year.

13. Accountabilities

The entire EYMDT membership will commit to attend regular meetings, to strive to align priorities, to build a strong network across the county and to be proactive in sharing expertise and challenging where appropriate.

14. Decisions and Resources

Members of the EYMDT should ensure they understand the capacity within their existing service offer and be empowered to commit these resources without further escalation. This will enable effective and timely decision making within the EYMDT meeting.

The following decisions may be agreed:

Early Years High Needs Inclusion Funding

Outreach support in setting

Portage support at home

Consideration of referral for Inclusion Support from EE & CD Team

Placements at Dingley's Promise Assessment Centre

Outreach support from Dingley's Promise

Consideration of submission of request for Education Health and Care Needs Assessment

Consideration of submission of request for BHLF funding

Submission of referral to other services

It should be noted that, whilst the EYMDT may decide that a referral to other services is appropriate, the acceptance of this referral is made by the individual service provider.

15. Data Processing and Sharing

Personal information must be processed in line with the UK General Data Protection Regulations and the Data Protection Act 2018 and local inter-agency data sharing agreements.

All members agree to share information and resources for the successful delivery of the EYMDT model. The lawful basis for the processing of any personal and/or special category data is Consent.

Each service provider must ensure that they have obtained the appropriate consent in line with their normal processes if applicable. Evidence of parental consent will be verified as part of the triage process

Relevant personal information can be shared lawfully, if it is to keep a child or individual at risk safe from neglect or physical, emotional, or mental harm, or if it is protecting their physical, mental, or emotional well-being.

There are many other scenarios whereby the sharing of information with the local authority or our partners may be required outside of the EYMDT process. This agreement does not alter or amend any other agreements or commercial relationships being member organisations. Each member organisation is responsible for identifying the appropriate lawful basis and route for sharing information.

16. Key further reading

Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers. [HM Government guidance](#).

Working Together to Safeguard Children. [HM Government guidance](#).

Keeping Children Safe in Education. [DfE guidance](#).