Multi-agency Early Help Assessment REVIEW Tool (EHAT-R)





Guidance Notes can be accessed via: www.sutton.gov.uk/earlyhelp

Person completing this Form:

Date EHAT Review

Form Completed:

Agency

Name:			Address:			
Job Title:			Date of Bi			
Agency:			Does the	child have a disability	or 🗆 No	☐ Yes – please specify:
Telephone Nu Email Addres				ducational need?		□ res – piease specity.
NEW know	n issues wit	hin the family:				
Choose an item.		Choose an item.	Choose an item.	Choose an item.		Choose an item.
	ssional rela Name	tionships/Agencies Invol	ved: Job Title	Telephone Number	Email	Family Member worked with
First Agency						
Second						
Agency						
Third						

Child's Details:

Child's Name:

Since you last met who	at does t	he child/young person th	nink has	changed:			
What is going well?			What is not going well?				
Since you last met who	at does t	he family/parents/carers	think ha	s changed:			
What is going well?			What is not going well?				
Analysis of the curren	t situatio	on overall:					
What is working well?			What is not working well?				
London Continuum of Nee	ed – curre	ent level of need/concern	n:				
Stage 1		Stage 2		Stage 3		Stage 4	

Team Around the Family / Team Around the Child

Have you identified that a TAF / TAC Meeting is required?	□ Yes	□ No
Who needs to be invited?	•	
	•	
	•	
	•	
Proposed date of meeting as agreed with family:		

Updated Action Plan:

Desired Outcome	Action	Who is going to do it?	By when?

1 Information Sharing Agreement:

You are asked to consent to personal information about you/your child being shared with other agencies. All agencies involved in providing services are required by law to cooperate to improve the wellbeing of children and young people, but require your consent to help do so. The purpose of sharing information is to enable gather a better understanding of strengths and needs. It will also avoid you having to repeat the same information to several people or agencies.

Information already held or collected during an assessment may be shared with relevant others. This information may include details about you/your child's health, welfare and development, home or family circumstances.

In some circumstances, information can be shared between agencies without consent, for example where sharing information might prevent a crime or safeguard the welfare of a child or young person. Even in these circumstances, it is normal practice to obtain consent where possible.

Completed EHAT, EHAT-R and EHAT-C forms are held by the London Borough of Sutton. Your information may be anonymised for research purposes and to improve the services we offer to families in Sutton.

Consent:

- I understand that this form will go with my child between settings and will be shared with anyone involved with my child to ensure they continue to get the support that they need.
- I confirm that I have read and understood the above statement. By signing this form I am accepting the terms of this Information Sharing Agreement.

Parent / Young Person's Name:	Parent / Young Person's Signature:	Date:
Name of person completing this form:	Signature:	Date:
THIS EARLY HELP ASSESSMENT WILL BE RE	VIEWED BY NO LATER THAN:	

Submitting your EHAT Review:

Please send your completed review to EHAT@sutton.gov.uk or EHAT@sutton.gov.uk for inclusion on the register. If you require short breaks from Children with Disabilities Service your form should also be sent to accesspoint@sutton.gov.uk