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

Guidance notes for completing
this review can be access via
[www.sutton.gov.uk/earlyhelp](http://www.sutton.gov.uk/earlyhelp)

The Early Help Team can be contacted for advice and support on 020 8770 6001or CFCS@sutton.gov.uk

|  |  |
| --- | --- |
| **Date Review Started:** |  |

 **About the professional completing the assessment:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  |  | **Agency:** |  | **Telephone Number:** |  |
|  |  |  |  |
| **Job Title:** |  |  | **Email Address:** |  |

 **About the review:**

|  |
| --- |
|  |
| **Review Number:**  |  | **Date of last review (Where applicable):** |  |  **Who’s present at meeting:** |  |

 **Focus of Early Help Assessment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child / Young Person’s Name:** |  | **Address:**(please include postcode) |  |
|  |  |
| **Child / Young Person’s Name (Known as):** |  | **Current School****Attendance:** |  |  | **Change since last review:**Choose an item. |
|  |
| **Gender:** | [ ]  Boy [ ]  Girl |  | **Date of Birth/EDD:** |  | **Do they have a disability or special education need?** | [ ]  No [ ]  Yes  **please specify:** |  |  |

 **Additional Children / Young People living in household:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name:** | **Also known as:** | **Date of Birth/EDD:** | **Gender:** | **Disability:** | **Current School Attendance:** | **Change since last review:** |
|  |  |  | [ ]  Boy [ ]  Girl |  |  | Choose an item. |
|  |  |  | [ ]  Boy [ ]  Girl |  |  | Choose an item. |
|  |  |  | [ ]  Boy [ ]  Girl |  |  | Choose an item. |
|  |  |  | [ ]  Boy [ ]  Girl |  |  | Choose an item. |

**NEW known issues within the family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New known Issues** | **Parent** | **Child / YP focus of the assessment** |  | **Other significant People / Child / YP** (Please provide name) |
| Choose an item |  |[ ]   |  |[ ]   |  |  |[ ]
| Choose an item |  |[ ]   |  |[ ]   |  |  |  | [ ]  |
| Choose an item |  |[ ]   |  |[ ]   |  |  |[ ]
| Choose an item |  |[ ]   |  |[ ]   |  |  |[ ]
| Choose an item |  |[ ]   |  |[ ]   |  |  |[ ]
| Choose an item |  |[ ]   |  |[ ]   |  |  |[ ]
| Choose an item |  |[ ]   |  |[ ]   |  |  |[ ]
| Other reason (please list below): |  |[ ]   |  |[ ]   |  |  |[ ]
|  |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Are the Parents or child/ young person involved in crime or antisocial behaviour?** | **2. Has the child / YP not been attending school regularly?** | **3. Is the child / young person in need of help?** | **4. Are the parents out of work or at risk of financial exclusion? Or is the young people at risk of worklessness?** | **5. Have the family been affected by domestic violence and abuse?** | **6. Do the parents, child or young person have a range of health problems?** |
| Yes [ ]  No[ ]  | Yes [ ]  No[ ]  | Yes [ ]  No[ ]  | Yes [ ]  No[ ]  | Yes [ ]  No[ ]  | Yes [ ]  No[ ]  |



**NEW Professional relationships/Agencies Involved:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name** |  |  **Agency / Job Title** |  | **Telephone Number:** |  | **Email:** |  | **Family Member worked with:** |
| **Name:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Agency:** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Job Title:** |  |  |  |  |  |  |  |  |  |

**Child / Young Person views since you last met:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **What does the child / young person think is going well?** |  | **What does the child / young person think is not going well?** |
|  |  |  |
| **Child / young person’s comments about this review:** |  | **Other Children / young people’s comments about this review:** |
|  |  |  |

**Where does the child / young person rate their situation at the moment?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | **Child’s rating** | **Young Person Rating** |
|  | **Please use one row per Child / Yong person P** |  |  | **Stuck**Don’t know what to do | **We know what needs to happen**Moving in the right direction | **Doing well**Feeling hopeful & positive |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Name:** |  |  | **R** |  |  | **A** |  |  | **G** |  |  | **1** |  |  | **2** |  |  | **3** |  |  | **4** |  |  | **5** |  |  | **6** |  |  | **7** |  |  | **8** |  |  | **9** |  |  **10** |
|  |  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Parent or carer views since you last met:**

|  |  |  |
| --- | --- | --- |
| **What does the parent or carer think is going well?** |  | **What does the parent or carer think is not going well** |
|  |  |  |
| **Parent or carer comments about this assessment:** |
|  |

**Where does the parent or carer family rate their family situation themselves at the moment?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Please use one row per Parent/Carer** | **Stuck**Don’t know what to do | **We know what needs to happen**Moving in the right direction | **Doing well**Feeling hopeful & positive |
|  |
| **Name** |  **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |
|  |

**Section J – Professional Analysis:** Drawing on your assessment and the views of the family what is you professional analysis of the current situation overall:

|  |  |  |
| --- | --- | --- |
| **What is working well?** |  | **What is not working well?** |
|  |  |  |
| **What is unknown?** |  | **What needs to change?** (This section will feed into the Action Plan) |
|  |  |  |

 **Where would you currently rate the family at the moment?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Family are stuck**They don’t know how to make change | **Family know what needs to change**They are starting to make changes | **Family are doing well**The family are able to sustain change  |  |
|  |
|  |  | **1** |  |  | **2** |  |  | **3** |  |  | **4** |  |  | **5** |  |  | **6** |  |  | **7** |  |  | **8** |  |  | **9** |  |  | **10** |  |  |
|  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  | [ ]  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Planning for Change:**

**Team Around the Family / Team Around the Child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you identified that a TAF / TAC Meeting is required?** | [ ]  Yes [ ]  No |  | **Proposed date of meeting as agreed with family:** |  |

|  |  |
| --- | --- |
| **Who needs to be invited to the TAF Meeting:** |  |
|  |

**Action Plan:**

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

**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 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. To ensure that the best possible outcomes are achieved and the right support is put in place the lead professional may also to complete an EHAT Review (EHAT-R) and EHAT Closure (EHAT-C).

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 REVIEW WILL BE REVIEWED BY NO LATER THAN:**

**Submitting your Early Help Assessment Review:**

Please send your completed assessment to CFCS@sutton.gov.uk for inclusion on the register. **Important information
Short Breaks** - If you require short breaks from the Children with Disabilities Service, please also send your assessment to CFCS@sutton.gov.uk.
**Primary VPP -** If you require the child to be discussed at the Primary VPP, please also send your completed assessment to vpp@cognus.org.uk.