#### Multi-agency Early Help Assessment Tool (EHAT) always check if an EHAT already exists. Local Safeguarding Children Board Guidance notes for completing this assessment can be access via www.sutton.gov.uk/earlyhelp **Date Assessment Started:** The Early Help Team can be contact to provide advice and support on 020 8770 4128 or EHAT@sutton.gov.uk About the professional completing the assessment: Name: Agency: **Telephone Number:** Job Title: **Email Address:** About the assessment: Please choose an item, there must be at least one reason **Primary** Who's present at picked from the list. Reason: assessment: **Section A - Focus of Early Help Assessment:** Child / Young Person's Address: (please include postcode) Name: Child / Young Person's Do they have a disability or □ No ☐ Yes Date of Name (Known as): Birth/EDD: special education need? please specify: **UPN/NHS Number:** ☐ Boy ☐ Girl **Ethnicity:** Religion: Gender: Choose an item. (If known) Additional Children / Young People living in household: **UPN/NHS** Ethnicity: Disability: Name: Also known as: Date of Birth/EDD: Gender: Religion: Number: □ Boy Choose an item. ☐ Girl □ Boy ☐ Girl Choose an item. Choose an item. □ Boy ☐ Girl □ Boy ☐ Girl Choose an item.

Before undertaking an Early Help Assessment

**Sutton LSCB** 

**Section B - Family Household Members:** Child / Young Person's Principle Carers living in household: Relationship to child / **Parental Parent or Carer Name:** ☐ Yes ☐ No Young Person: Responsibility: **Contact Number: Email Address:** Ethnicity: Religion: Disability: Gender: Choose an item. □ Male □ Female Relationship to child / **Parental Parent or Carer Name:** ☐ Yes ☐ No **Young Person:** Responsibility: **Contact Number: Email Address:** Ethnicity: Choose an item. Religion: Disability: Gender: ☐ Male ☐ Female Any other Significant People living within household: Relationship to **Parent or Carer Name** Gender **Ethnicity** Religion **Disability** child / YP ☐ Female ☐ Male Choose an item. Choose an item. ☐ Female ☐ Male Choose an item. ☐ Female ☐ Male ☐ Female ☐ Male Choose an item. Other Significant People (not living in the household): Relationship to **Ethnicity** Name Gender Religion **Disability** child / YP ☐ Female ☐ Male Choose an item. ☐ Female ☐ Male Choose an item. ☐ Female ☐ Male Choose an item.

# Section C - Known issues within the family:

Known Issues			Parent	Parent Child / YP focus of the assessment			Other significant People / Child / YP (Please provide name)			
Anti-social Behaviour										
Behaviour										
Benefits / low income										
Crime										
Domestic Violence and A	buse									
Emerging or Undiagnose	d Developmental Difficultie	s or Delay								
Family Relationship/ Brea	akdown/ Conflict									
Inadequate housing										
Mental Health										
Not in Education, Employ	ment or Training									
Parenting Issues										
Physical Health										
Poor School Attendance										
Refugee / Asylum Seeke	/ No Recourse to Public Fo	unds								
School Exclusion										
Self-Harm / Suicide										
Social Isolation										
Special Educational Need	ds and Disabilities									
Substance Misuse										
Unresolved Loss / Grief										
Young carer										
Other reason (please list	below):									
1. Are the Parents or child/ young person involved in crime or antisocial behaviour?	child/ young person involved in crime or been attending school person in need of h		ung elp? fin is	Are the pare of work or at r ancial exclusi the young pe sk of workless	isk of on? Or ople at	5. Have the fa affected by violence and	domestic	6. Do the par or young per range of proble	son have a health	
Yes □ No □	Yes □ No □	Yes □ No I		Yes □ N	No 🗆	Yes □	No □	Yes □	No □	

Give details of legal status/immigration status regarding any of the people to be included in this assessment:								
Give details of commu	nication needs	:						
Section D – Specia	al Educational I	Needs and Dis	abilities of	the Child:				
Does the child have an Health and Care Plan or		□ Yes □ No	If Yes, w need?	hat is the primary				
				*1.17				
Is there an Education, F Plan in process?	lealth and Care	□ Yes □ No	Is the child/young person registered with iCount?		□ Yes □ N	Are you applying for short breaks?	☐ Yes ☐ No	
i iaii iii process:			registere	sa with icount:		ioi siloit breaks:		
A Saction E Educat	tion Blooce di	vo dotaile of t	ho obild / w	oung paraania Sah	aal attandanaa	and the last 2 terms		
Section E – Educat	lion - Ficase gi	ve details of t	ne cilia / yc	oung person s sch	ooi atteriuarice	and the last 5 terms.		
						Reason for low atte	endance	
Name of Child	School	Term	1 (Current)	Term 2	Term 3	(If known / applic	cable)	
Additional Children Ch	ild/ Young Peo	ple living in h	ousehold:					
		p	0.001101.01			Reason for low atte	endance	
Name of Child	School	Term	1 (Current)	Term 2	Term 3	(If known / applic		
	<u> </u>							
	<u> </u>				1			

						son to be discussed I panel please move		le pupil panel (VPP).		
Date of Admission	n:			School:		Yea	ar Group:			
Request for: (pleas Additional Support / Advice:	se select all t		oplicable)	Outreach:	Other:	Other please list reason:				
How do you feel the request would have an impact?						reason.				
What is the desired	l outcome?									
Category of need: Communication a interaction	•	•	ed, 2 for any se	•	N for where level of SEMH	of need is within norma Senso	range within main			
SLCN: ASD:	SpLD:	MLC	D: SLD:	PMLD:	SEMH:	VI: HI:	MSI: PD	): OD:		
Exclusion and reas	son: (If more	than 5, on	nly record the la	ast 5)						
	Interna	al Exclusi	on		Fixed Term Exclusion					
Total number of inter	rnal exclusion	s:			Total number of fixed term exclusions:					
Total number of inter	rnally exclude	d days:			Total numbe	Total number of fixed term excluded days:				
Date	Days	S	Rea	ison	Date	Days		Reason		
				Perma	nent Exclusion					
Date:	Re	eason:								

# Prior Attainment Information: EYFS (Prior to September 2012

Area of learning	Aspect	Score
Personal, Social	Dispositions & Attitudes	
and Emotional	Social Development	
Development	Emotional Development	
	Language for Communication & Thinking	
Communication,	Linking Sounds & Letters	
Language & Literacy	Reading	
,	Writing	
Problem solving,	Numbers as Labels and for Counting	
reasoning and	Calculation	
numeracy	Shape, Space and Measures	
	Knowledge and Understanding of the World	
	Physical Development	
	Creative Development	

### Year 1 Estimated / Actual:

Date:							
	Score	Score	Score				
English - Y1 Phonics Check	/40						
English – Sp & List							
English - Reading							
English - Writing							
English - Mathematics							
English - Science							
	Key Stage 2 Validated Test Results						
Reading:							
SPAG:							
Mathematics:							

Teacher

Assessment

Key Stage 1

Key stage 2

### **EYFS (From September 2012)**

Area of learning	ELG	Aspect	Score
	ELG 01	Listening and attention	
Communication and Language	ELG 02	Understanding	
and Language	ELG 03	Speaking	
Physical	ELG 04	Moving and handling	
Development	ELG 05	Health and self-care	
Personal, Social	ELG 06	Self-confidence and self-awareness	
and Emotional	ELG 07	Managing feelings and behaviour	
Development	ELG 08	Making relationships	
Litoroov	ELG 09	Reading	
Literacy	ELG 10	Writing	
Mathamatica	ELG 11	Numbers	
Mathematics	ELG 12	Shapes, Space and measures	
Ha de sete a dia a	ELG 13	People and communities	
Understanding the world	ELG 14	The world	
the world	ELG 15	Technology	
<b>Expressive Arts</b>	ELG 16	Exploring & using media & materials	
and Design	ELG 17	Being imaginative	

Key Stage 4 (exp	pected)	Date:	
English		Other	
Mathematics		Other	
Science		Other	
Other		Other	

### **Other Relevant Scores**

Date	Test	Result
	e.g. Reading/Spelling Age	

occion o – m	ne Family's Story – Back	(ground information:			
About the Child / You	ung person – Any informa	tion in relation to the he	alth and developmental ne	eeds of the child/young pe	rson:
		n tha haveahald NA/han	- valavant anv infarmation	in valation to the beauth o	nd davalanmantal naads
About the other Child	dren / Young people within	n tne nousenoia – wner	e relevant any information	i in relation to the nealth a	nu uevelopinentai neeus
About the other Children	dren / Young people withi / young people:	n the nousenoid – wher	e relevant any information	in relation to the health a	nd developmental needs
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About the Family - Any events or factors which have impacted on the child, parent or family life. Please include information about any conflict within the family:
What else is affecting the Family – Any information in relation to the living conditions, housing, employment status, finance, legal status and use c community resources and networks:
Parenting – Any information in relation to basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability:

# Section H - Professional relationships/Agencies Involved:

	First Agency	Second Agency	Third Agency	Fourth Agency	Fifth Agency
Name:					
Agency:					
Job Title:					
Telephone Number:					
Email:					
Family Member worked with:					
Work undertaken:					
Outcome:					
Involvement:	Current Previous On referral to				

	Section I – Child, Young Per	rson and Far	nily View:										
(	Child / Young Person's views:												
	What does the child / young perso	on think is goi	ng well?		Wha	at does	the child	/ young	person tl	nink is n	ot going	well?	
					] [		. ,			,			
ı	Child / young person's comments	about this as	sessment:		Oth	er Child	lren / you	ng peopl	e's comi	ments al	oout this	assessm	ent:
,	Where does the child / young pe	erson rate the	eir situation	at the mo	ment?								
ı	Diago was and you now	Child's	rating	· •	Stuck			ung Pers				a!aaal	•
	Please use one row per Child / Yong person P	$\bigcirc$		Don't kno			We know Moving	g in the ri				oing wel opeful &	
				<b>├</b>									<b>→</b>
	Name:	R A	G	1	2	3	4	_	6		8	9	10
					Till 1	Ħ			Till I			Till 1	

Parent or Carer views:						
What does the parent or carer think is going	y well?	What does the parent or car	er think is not	going well		
Parent or carer comments about this assess	sment:					
Where does the parent or carer family rat	e their family situation th	emselves at the moment?				
Stuck		We know what needs to happen		Doing well		
Please use one row per Parent/Carer	Don't know what to do				g hopeful & positive	
Name	1 2 3	4 5 6	7	8 9	10	
Traine -				Ŏ Ŏ		

Section J – Professional Analysis: Drawing on your assessment and the What is working well?	he views of the family what is you professional analysis of the current situation overall:  What is not working well?
What is unknown?	What needs to change? (This section will feed into the Action Plan)
	1.
	2.
	3.
	4.
Where would you currently rate the family at the moment?	
	t needs to change Family are doing well to make changes The family are able to sustain change
1 2 3 4 5	6 7 8 9 10 

Section K – Planning for Change:				
Team Around the Family / Team Around the Child	I			
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?

### **1** Section L – 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 ASSESSMENT WILL BE REVIEWED BY NO LATER THAN:			

#### **Submitting your Early Help Assessment Tool:**

Please send your completed assessment to EHAT@sutton.gov.uk or EHAT@sutton.gcsx.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 <a href="mailto:accesspoint@sutton.gov.uk">accesspoint@sutton.gov.uk</a>. **Primary VPP** - If you require the child to be discussed at the Primary VPP, please also send your completed assessment to <a href="mailto:vpp@cognus.org.uk">vpp@cognus.org.uk</a>