

Multi-agency Early Help Assessment Tool (EHAT)

Before undertaking an Early Help Assessment always check if an EHAT already exists.



Guidance notes for completing this assessment can be access via www.sutton.gov.uk/earlyhelp

The Early Help Team can be contact to provide advice and support on 020 8770 4128 or EHAT@sutton.gov.uk

Date Assessment Started:

About the professional completing the assessment:

Name:

Agency:

Telephone Number:

Job Title:

Email Address:

About the assessment:

Primary Reason:

Please choose an item, there must be at least one reason picked from the list.

Who's present at assessment:

Section A - Focus of Early Help Assessment:

Child / Young Person's Name:

Address:
(please include postcode)

Child / Young Person's Name (Known as):

Date of Birth/EDD:

Do they have a disability or special education need?

☐ No ☐ Yes
please specify:

Gender:

☐ Boy ☐ Girl

Ethnicity:

Choose an item.

Religion:

UPN/NHS Number:
(If known)

Additional Children / Young People living in household:

Name:	Also known as:	Date of Birth/EDD:	Gender:	Religion:	Ethnicity:	UPN/NHS Number:	Disability:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="text"/>	Choose an item.	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="text"/>	Choose an item.	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="text"/>	Choose an item.	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="text"/>	Choose an item.	<input type="text"/>	<input type="text"/>

i Section B - Family Household Members:

Child / Young Person's Principle Carers living in household:

Parent or Carer Name:	<input type="text"/>	Relationship to child / Young Person:	<input type="text"/>	Parental Responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Number:	<input type="text"/>	Email Address:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	<input type="text" value="Choose an item."/>	Religion:	<input type="text"/>
				Disability:	<input type="text"/>
Parent or Carer Name:	<input type="text"/>	Relationship to child / Young Person:	<input type="text"/>	Parental Responsibility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Number:	<input type="text"/>	Email Address:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity:	<input type="text" value="Choose an item."/>	Religion:	<input type="text"/>
				Disability:	<input type="text"/>

Any other Significant People living within household:

Parent or Carer Name	Relationship to child / YP	Gender	Ethnicity	Religion	Disability
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text" value="Choose an item."/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text" value="Choose an item."/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text" value="Choose an item."/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text" value="Choose an item."/>	<input type="text"/>	<input type="text"/>

Other Significant People (not living in the household):

Name	Relationship to child / YP	Gender	Ethnicity	Religion	Disability
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text" value="Choose an item."/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text" value="Choose an item."/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="text" value="Choose an item."/>	<input type="text"/>	<input type="text"/>

Give details of legal status/immigration status regarding any of the people to be included in this assessment:

Give details of communication needs:

i Section D – Special Educational Needs and Disabilities of the Child:

Does the child have an Education, Health and Care Plan or Statement?

☐ Yes ☐ No

If Yes, what is the primary need?

Is there an Education, Health and Care Plan in process?

☐ Yes ☐ No

Is the child/young person registered with iCount?

☐ Yes ☐ No

Are you applying for short breaks?

☐ Yes ☐ No

i Section E – Education - Please give details of the child / young person's School attendance and the last 3 terms:

Name of Child	School	Term 1 (Current)	Term 2	Term 3	Reason for low attendance (If known / applicable)

Additional Children Child/ Young People living in household:

Name of Child	School	Term 1 (Current)	Term 2	Term 3	Reason for low attendance (If known / applicable)

**i Section F – VPP - Only complete this section if you wish the child/young person to be discussed at the vulnerable pupil panel (VPP).
If you do not wish the child/young person to be discussed at vulnerable pupil panel please move to section G**

Date of Admission: School: Year Group:

Request for: *(please select all that are applicable)*

Additional Support / Advice: ☐ CARE: ☐ Respite: ☐ Outreach: ☐ Other: ☐ Other please list reason:

How do you feel the request would have an impact?

What is the desired outcome?

Category of need: *(Fill in 1 for Primary Need, 2 for any secondary need; N for where level of need is within normal range within mainstream school)*

Communication and interaction

Cognitive and learning

SEMH difficulties

Sensory and/or physical needs

SLCN: ☐ ASD: ☐ SpLD: ☐ MLD: ☐ SLD: ☐ PMLD: ☐ SEMH: ☐ VI: ☐ HI: ☐ MSI: ☐ PD: ☐ OD: ☐

Exclusion and reason: *(If more than 5, only record the last 5)*

Internal Exclusion

Total number of internal exclusions:

Total number of internally excluded days:

Date	Days	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fixed Term Exclusion

Total number of fixed term exclusions:

Total number of fixed term excluded days:

Date	Days	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Exclusion

Date: Reason:

**Prior Attainment Information:
EYFS (Prior to September 2012)**

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

EYFS (From September 2012)

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

Year 1 Estimated / Actual:

	Teacher Assessment	Key Stage 1	Key stage 2
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:

Key Stage 4 (expected)

English		Date:	
Mathematics		Other	
Science		Other	
Other		Other	

Other Relevant Scores

Date	Test	Result
	<i>e.g. Reading/Spelling Age</i>	

i Section G – The Family’s Story – Background information:

About the Child / Young person – Any information in relation to the health and developmental needs of the child/young person:

About the other Children / Young people within the household – Where relevant any information in relation to the health and developmental needs of the other children / young people:

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 of community resources and networks:

Parenting – Any information in relation to basic care, ensuring safety, emotional warmth, stimulation, guidance and boundaries and stability:

i 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:	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> On referral to	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> On referral to	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> On referral to	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> On referral to	<input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> On referral to

Parent or Carer views:

What does the parent or carer think is going well?

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What does the parent or carer think is not going well

[illegible]

Parent or carer comments about this assessment:

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

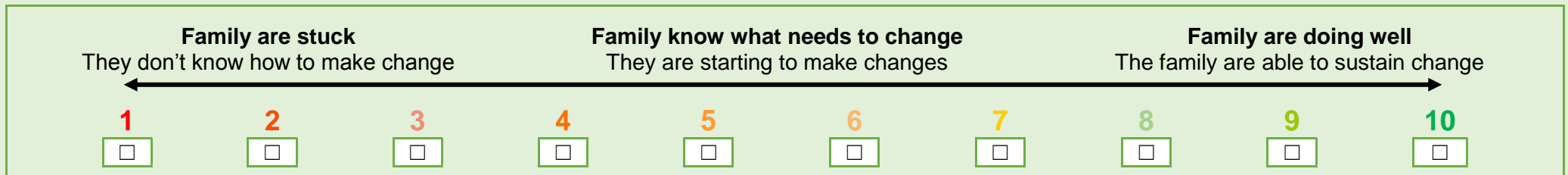
[illegible]

i Section J – Professional Analysis: Drawing on your assessment and the views of the family what is your 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?



i **Section K – 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?

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 accesspoint@sutton.gov.uk.

Primary VPP - If you require the child to be discussed at the Primary VPP, please also send your completed assessment to ypp@cognus.org.uk