

Early Help Assessment and Plan (EHAP) Form

This EHAP form replaces the Common Assessment Framework (CAF) form. The process for assessing the needs of a child/young person/family and creating an action plan to address those needs - remains the same.

Before initiating use of an EHAP

- 1** Ensure there are **NO immediate child protection concerns**.
If at any time you are concerned about the welfare or safety of a child/young person – call the Ealing Children's Integrated Response Service (ECIRS) to discuss your concerns and get advice. Appropriate action will then be taken **020 8825 8000** (24hrs).
- 2** Consider whether **a multi-agency approach is necessary** - or whether a single organisation/service can meet all the child/young person's needs.
- 3** You must contact the Family Information Service (FIS) to **find out if an EHAP is already in use** for the child/young person or a sibling. And to obtain the registration number and Lead Professional contact details (for an existing EHAP) or **register a new EHAP**. Call **020 8825 5588** (Mon-Fri, 9am-5pm).

EHAP Initiator comment Use this space to explain why an EHAP is being initiated for this child/young person giving a brief overview of possible needs. Include an overview of the home situation and family structure.

EHAP Initiator's details

Date EHAP initiated: _____ Full name: _____
 Role: _____ Organisation/service: _____
 Tel: _____ Email: _____

Identifying Details



EHAP No.

Child/young person's details

If unborn baby state name as 'unborn baby' and mother's full name e.g. 'unborn baby of Ann Smith'

First name: _____

Surname: _____

Previous name: _____

Date of birth or expected date of delivery: _____

Gender: Male Female Unknown

Address: _____

_____ Postcode: _____

Tel: _____

Family's religion: _____

School (name and town): _____

GP name: _____

GP address: _____

_____ Postcode: _____

GP tel: _____

NHS no. (if known) _____

Parent/carer (1)

First name: _____

Surname: _____

Address: (if different from child/young person) _____

_____ Postcode: _____

Tel: _____

Relationship to child/young person: _____

Parental responsibility: Yes No

Parent's first language: _____

Is an interpreter required for meetings? Yes No

Parent/carer (2)

First name: _____

Surname: _____

Address: (if different from parent/carer 1) _____

_____ Postcode: _____

Tel: _____

Relationship to child/young person: _____

Parental responsibility: Yes No

Parent's first language: _____

Is an interpreter required for meetings? Yes No

Sibling's name

Gender

Date of birth

School

Additional needs/disability/SEN

Does the child/young person have additional needs, special educational needs or a disability?

Yes No If yes, give details: _____

Does the child/young person have a statement of special educational needs? Yes No

Does anyone in the family have any accessibility requirements for meetings?

Yes No If yes, give details: _____

Is this child/young person a young carer?

Yes No Uncertain

Ethnicity

EHAP No.

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background*

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background*

Black or Black British

- Caribbean
- African
- Any other Black background*

White

- White British
- White Irish
- Gypsy/Roma
- Traveller of Irish heritage
- Any other White background*

Chinese or other ethnic group

- Chinese
- Arab
- Any other ethnic group*
- Not given

*If other please specify:

Services already working with this child/young person and their family

Consent for information storage and information sharing

I understand the information recorded on this form. I give consent to my information being shared with the services indicated with a tick below for the purpose of setting up the first Team Around the Family meeting to enable access to help and support from these services.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Family Information Service (for support and/or to register this EHAP) | <input type="checkbox"/> Children's centres | <input type="checkbox"/> Health | <input type="checkbox"/> ECIRS (Ealing Children's Integrated Response Service) |
| | <input type="checkbox"/> Childcare provider | <input type="checkbox"/> Youth services | |
| | <input type="checkbox"/> School | <input type="checkbox"/> Police | <input type="checkbox"/> ESCAN (Ealing Service for Children with Additional Needs) |

Please be aware we will contact Social Services if at any time during the EHAP process the child/young person has been harmed or is at risk of harm or abuse.

Full name (BLOCK CAPITALS): _____

Signature: _____ **Date:** _____

I am the young person (aged 12-16), the parent of the child/young person, the carer of the child/young person.

Verbal consent to initiate an EHAP may be given by the young person (aged 12-16) and/or their parent/carer. However, written consent must then be obtained at the very first opportunity and BEFORE any information can be shared or stored electronically. For children under the age of 12, parental consent must be obtained before initiating an EHAP.

Verbal consent obtained from: _____ **Date:** _____

EHAP Initiator's full name: _____ **Signature:** _____



Date of first TAF: _____

Child/young person's full name: _____ Date of birth: _____

Lead Professional: _____

Role: _____ Organisation/service: _____

Tel: _____ Email: _____

Attendee (full name)	Role	Organisation/service	Tel
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NB: You do not have to use the whole space provided. Keep points short and in plain English to support the family's understanding of the content.

Development of unborn baby, child or young person:



NB: You do not have to use the whole space provided. Keep points short and in plain English to support the family's understanding of the content.

Parents and carers:

Family and environment:

Is the child/young person involved in caring for a relative or sibling on a regular basis?

Yes

No



NB: You do not have to use the whole space provided. Keep points short and in plain English to support the family's understanding of the content.

Analysis and summary of assessed needs:

Action Plan Review



EHAP No.

Date of review: _____

Child/young person's full name: _____ Date of birth: _____

Lead Professional: _____ Tel: _____

Attendee (full name)	Role	Organisation/service	Tel
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NB: You do not have to use the whole space provided. Keep points short and in plain English to support the family's understanding of the content.

Were actions effective in achieving desired results? *(Number points in relation to action plan and use effectiveness rating below)*

Ineffective: No noticeable/measurable outcome/improvement. **Partly effective:** Small noticeable/measurable outcome, but still much to do to achieve the desired result. **Mostly effective:** Most of the desired result has been achieved. A little extra effort is needed to achieve/sustain all the desired results. **Completely effective:** Desired result achieved and can be maintained without further support.

