

The EHAP Auditor for each service/organisation should complete this form. **Audit results must be logged with the Family Information Service (FIS) once completed - call 020 8825 5588 or email EHAP@ealing.gov.uk**

**Quick checklist for the EHAP Auditor:**

- You are a team leader/manager/senior officer or equivalent
- The EHAP being audited is closed
- You have no prior involvement in the EHAP being audited

**Date of audit:** \_\_\_\_\_ **Number of review meetings:** \_\_\_\_\_

**Date EHAP initiated:** \_\_\_\_\_ **Date EHAP closed:** \_\_\_\_\_

EHAP Auditor: \_\_\_\_\_ EHAP Auditor's role: \_\_\_\_\_

Organisation/service: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Child's full name: \_\_\_\_\_ DOB: \_\_\_\_\_

Lead Professional: \_\_\_\_\_ LP's role: \_\_\_\_\_

Organisation/service: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## Overview of final rating for each section/question

Note each section rating (Completely effective / Mostly effective / Partially effective / Not effective) below after completion of the audit.

<b>Section 1:</b> Review of using the EHAP process and form	<input type="text"/>
<b>Section 2:</b> Effectiveness of actions	<input type="text"/>
<b>Section 3:</b> Participation of the family	<input type="text"/>
<b>Question 4:</b> EHAP Initiator comment	<input type="text"/>
<b>Question 5:</b> Did we make a difference?	<input type="text"/>

## EHAP Auditor comments (after completion of the audit)

As a service, is there anything you will develop, improve or change as a result of this audit? Please include training needs identified.

If you have any feedback or suggestions regarding use of the EHAP process email your comments to EHAP@ealing.gov.uk

## Section 1: Review of using the EHAP process and form

The rating system for this section assumes the target of a 'Good' rating and works backwards taking points off to arrive at the actual rating. For each question tick  the most appropriate rating. Then total the number of ticks in the 'Poor' and 'Not Completed' columns and calculate the rating for this section using the guidance below.

Question	N/A	Good	Satisfactory	Poor	Not completed
<b>Identifying details</b>					
Has the EHAP Initiator given clear reasons for initiating the EHAP?					
Have the identifying details been recorded fully including the details of one/both parents/carers and ethnicity?					
Have disabilities and access requirements been recorded?					
Was written consent for information storage and information sharing from the family obtained?					
<b>Assessment and action plan</b>					
Was the date and attendees of the first Team Around the Family (TAF) meeting recorded?					
Is the Lead Professional identified and their contact details provided?					
Were strengths and positives highlighted to the family, discussed and where appropriate recorded?					
Were planned actions recorded, with who is responsible for each action and dates for completion?					
Were all sections of the assessment completed well including summary of needs?					
Were the needs and desired results recorded clearly and prioritised?					
Is the information included evidence-based and non-judgemental?					
Was the family given the opportunity to comment on the assessment and planned actions?					
Was the date of the next TAF review meeting agreed and recorded?					
<b>Action plan review(s)</b>					
Were the dates and attendees of review TAF meetings recorded?					
Was the comment on progress completed for each TAF review meeting?					
Were all planned actions reviewed?					
Were further actions recorded, with who is responsible for each action and dates for completion?					
If new services were identified – did the family give consent to share information and engage these services?					
<b>EHAP closure</b>					
Was the reason for the EHAP closure indicated?					
				<b>Poor</b>	<b>Not completed</b>
<b>Totals:</b> Count the number of ticks in the <b>Poor</b> and <b>Not Completed</b> columns and write the results here					
<b>Sum total:</b> Add the two column totals and write the result here					

### Audit rating for section 1: EHAP process and form

Select the correct rating, depending on the sum total above.

- 0** Completely effective
- 1-4** Mostly effective
- 5-9** Partially effective
- 10-19** Not effective – *you should review with the Lead Professional how they are using the EHAP process*

## Section 2: Effectiveness of actions


This section measures the effectiveness of the actions in achieving desired results and positive change in the lives of the child/young person and their family.


### Important


This section relies on the Lead Professional having completed the Action Plan and Action Plan Review(s) correctly by a) numbering each action point in the action plan and b) referencing the numbered points in subsequent reviews.

If this has not been done, you can number the actions retrospectively to enable scoring. You should note this in the comment box on the front of this form as a training requirement to ensure this is done correctly in future.

### For each action on the EHAP form, determine the relevant rating:

 **Completely effective:** The action achieved the required change, and the change is likely to be maintained without further support.

 **Mostly effective:** The action achieved most of the required change and could be completely achieved with a little extra effort, or the change is effective but not sustainable without ongoing support.

 **Partially effective:** The action resulted in a small, noticeable/measurable change, but there is still much to do to achieve the required change.

 **Not effective:** The action did not result in any noticeable/measurable change.

Add up how many <b>'unique'</b> actions were recorded during the action plan and subsequently all new actions identified as a result of reviews.			<b>Number of actions (x)</b>	
	<b>Not effective</b>	<b>Partially effective</b>	<b>Mostly effective</b>	<b>Completely effective</b>
<b>How many actions fit into each level of effectiveness?</b>				
<b>Sum total: of Mostly and Completely effective (y)</b>				
<b>Percentage of effective actions:</b> divide the sum total (y) by the number of actions (x) and multiply by 100 which gives you a percentage score.				<b>%</b>

### Audit rating for section 2: Effectiveness of actions →

Select the correct rating, depending on the percentage above.

**95%-100%** Completely effective

**70%-94%** Mostly effective

**51%-69%** Partially effective

**Under 50%** Not effective – *you should review with the Lead Professional how actions are agreed, recorded and achieved*

### Section 3: Participation of the family

This section measures the participation of the whole family, i.e the child/young person as well as their parents/carers - who must remain central to every stage of the EHAP process.

For each question below, tick  the relevant answer, then total the number of ticks in the 'No' column and write the total at the end of the section as indicated.

Question	N/A	Yes	No
Did the family consent to sharing their information with a range of services for the purpose of accessing help and support?			
Did the family attend the Team Around the Family (TAF) meetings?			
Was the child/young person encouraged to contribute to discussions and was their view sought in agreeing the action plan?			
Did the family contribute/get involved in reviewing progress and agreeing new actions at the TAF review meetings?			
Were the family's views taken into account during review meetings?			
Was the child/young person given the opportunity to comment on the assessment, action plan or any other part of the process?			
Did the family understand and agree with the reason for closing the EHAP?			
Was the family's comment on the EHAP process positive on the whole?			
Count the number of ticks in the 'No' column and write the result here			<b>Total</b>

#### Audit rating for section 3: Participation of the family →

Select the correct rating, depending on the total number of ticks in the 'No' column above.

- 0** Completely effective
- 1-2** Mostly effective
- 3-4** Partially effective
- 5-8** Not effective

Looking at the EHAP Initiator comment on the front of the EHAP Form being audited - answer question four using the effectiveness ratings.

#### Question 4:

How well did the EHAP Initiator assess presenting issues and possible needs?

Using professional judgement and the evidence within the EHAP being reviewed - rate the overall effectiveness of this EHAP to answer question five.

#### Question 5:

Did we make a difference? Did this EHAP deliver significant positive change to the lives of the child/young person and their family?