



Multi-Agency Early Help Assessment

- Guidance

UNCLASSIFIED

Document Control Information

Title:	Multi-Agency Early Help Assessment - Guidance
Date:	December 2022
Review date:	December 2023
Version:	V2
Classification:	Unclassified
Owner:	Kelli Scott, Service Manager for Early Help, Children with Disabilities & Prevention and Youth Justice Services

Version	Date	Description
Version 1	April 2022	Multi-Agency Early Help Assessment - Guidance (First version published)
Version 2	December 2022	Multi-Agency Early Help Assessment - Guidance amended

Contents

Introduction3

Section 1: Family Details3

Section 2: Education Details3

Section 3: Practitioner Details4

Section 4: Reason for Referral4

Section 5: Family Needs4

Section 6: Family and Friends Network4

Section 7: Scaling5

Section 8: Analysis.....5

Section 9: Family Plan6

Introduction

The Multi-Agency Early Help Assessment (MEHA) has been designed to allow practitioners from any agency to support a child and their family at the point of need. It provides a framework for the practitioner to have a focused, helpful conversation with them. It recognises the importance of capturing the voice of each family member, including the children. It captures the family members concerns as well as their strengths and supports them to develop clear plans that help them take steps towards positive change, with or without practitioner support.

The assessment can be completed with the parent(s)/carers and family members. It may form part of ongoing work with the family or be used to develop a plan for the family and their own support network to follow.

Completing a holistic family assessment:

- Provides a sense of what is going on in their lives; using a holistic person-centred framework offers a base for conversation.
- Gives a sense of what is going well and where they do not need help.
- Is person centred – allows the parent or child to take the lead and be an active participant in their own support, capturing what is important to them.
- Is holistic and outcomes focused – providing a consistent framework for exploring and reflecting on someone's life today and their goals for the future.
- Is collaborative and empowering – data is collected through collaboration.
- Is simple and clear – using accessible design and language for parents and children.

It asks the family:

- How are things for you and your family? How does this affect the children?
- What is going well?
- What would you like to be different?
- What support do you have now? What support have you had previously?

Completed assessments can be used to support a referral into Children's Social Care or Early Help if required. See the [Wokingham Threshold Guidance](#) for further details.

This MEHA Guidance has been developed to support practitioners to use the assessment, by providing them with practical information and advice as to how each section should be completed. The document is broken to sections that correspond with the assessment template and relevant page numbers are set out in the contents page, so that practitioners can access the appropriate section with ease.

Section 1: Family Details

You may add the contact details after completing the assessment. Wider family and friends' details will be included in section 6.

Section 2: Education Details

This should include Early Years settings, schools/colleges, as well as NEET (Not in Education, Employment or Training) status.

Section 3: Practitioner Details

Add details of the practitioner completing the assessment.

Section 4: Reason for Referral

This section is for the practitioner to provide a summary of the presenting problem. It is important that the family member can talk about their worries and / respond to the worries of the practitioner. It is helpful for the practitioner to summarise their understanding of what the person has said i.e., “Can I check that I have understood what you have just told me....?”. Solution focused questions can be asked after the person has explained what their worry is. Helpful questions are:

- When were things better than they are now?
- What was different when things were better?
- What would the child/young person say about the situation?
- Who has been supportive in the past?
- Who could support you now?
- What is happening when the problem does not exist?

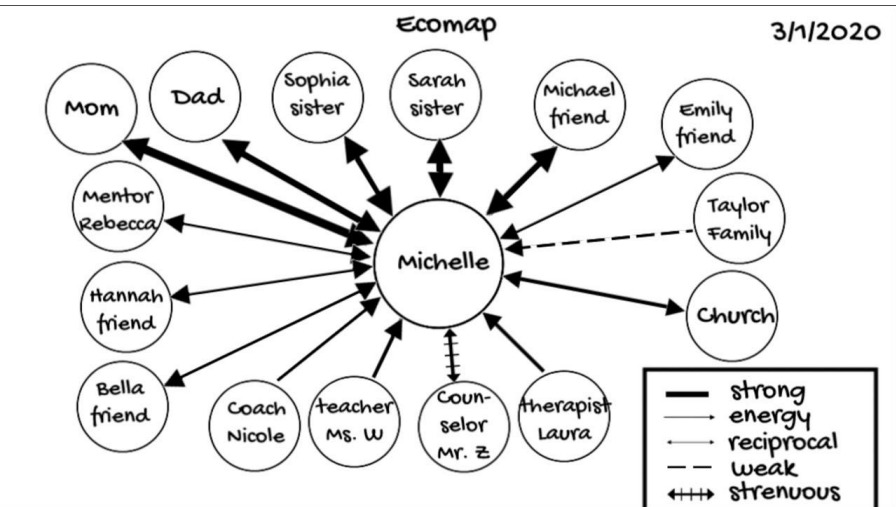
Section 5: Family Needs

This section should highlight any other concerns that may be impacting on the family. The practitioner should help the person think about what could help to resolve the issue. This may be something that they have tried in the past that has worked, for example, support from family, a friend or a referral to another agency. Where the assessment has been supported using specific assessment tools, such as the Three Houses or the Outcomes Star, the findings should be included here. Where there aren’t any issues, the practitioner should leave the box empty.

Section 6: Family and Friends Network

An ecomap is a graphic representation (map or drawing) of the nuclear family surrounded by their informal, formal and intermediate support. The mapping process only takes 10-15 minutes and is a concise way of gathering important family ecology information from the family’s own perspective. It also helps to convey the message that Early Intervention is concerned with the whole family, not just the child. Contact details should be added to the family and friends network table.

Diagram 1: Example of an ecomap



This section should provide details of immediate and extended family members, as well as friends and neighbours who may be able to support the family. Often people are reluctant to ask family and friends for support and so it is helpful here to ask questions about who has helped in the past.

Levels of support provided could range from phone calls to assisting with school runs or childcare. A basic electronic version of the family and friends ecomap is contained within the MEHA, or you may prefer to draw an ecomap by hand where you are able to add more detail, as seen in Diagram 1.

Section 7: Scaling

Scaling questions invite people to perceive their problem on a continuum, by asking them to consider their position on a scale. Scaling questions can be a helpful way to track progress toward goals and monitor incremental change. They can be used to measure individual concerns or when measuring how worried family members and practitioners are about the situation as a whole.

The practitioner might ask “On a scale of one to ten, with one being the worst the problem has ever been, and ten being the best things could be, where would you rate things today?”

Once a number has been given, the practitioner can explore how the rating translates into talking about action. For example, if the person rates his or her situation at a three, the practitioner could ask, “What specifically is happening to indicate to you that it is a three?” This detail should be added into Section 8, Analysis. The next step is to determine the goals and preferred outcomes. To do this, the practitioner should ask the person where things would need to be for them to feel that the goals or outcomes have been achieved.

There may be differences of opinion between family members or between family members and practitioners and this can provide a good opportunity to further explore the perspectives of those involved, by seeking to understand exactly where these differences in opinion stem from. The practitioner should make note of any differences.

Section 8: Analysis

Summary of Concern:

This box should be used to pull together the information gathered thus far about the worries/concerns for the children. It should include family members’ views, as well as the child’s and any other practitioners. It will aid in the formulation of a plan for the family. Worries and risks should be clearly recorded, along with the impact that these may be having on the child.

Differences of opinion in the family views need to be explored, reflected on and considered.

What’s Working Well?

Family strengths should be recognised, as they can then be built upon. What is happening when the problem does not exist? Who is doing what to provide support and / safety for the child or children in question? This provides a useful starting point to identify existing resources in the family and recognises that the ‘problem’ doesn’t always exist. It also helps to give the family member hope for change.

The practitioner should look for ‘exceptions’ to the problem by asking questions such as:

- What is better?
- Of the things you did, what helped the most?
- What else has helped so far?
- What is different about those times?
- What did you do differently in the past?
- What other successes have you had in the past?

- What do you think you did to make that happen?
- What do you think (another person) would say you could do to make that happen again?
- When is the problem not a problem? What are you doing differently then?

Who else can support my family? Family, friends or practitioners.

The person and the practitioner completing the assessment will now have a shared view of the problem and what needs to be different. At this point the practitioner can ask about the support network that was identified earlier, which will include all practitioners that are working with the family.

Helpful questions might be:

- Who is most helpful to you/the children/your partner now?
- What has someone done (family member or practitioner) in the past that has been helpful?
- Who do you call in an emergency? For a chat? For practical support?
- If you could have the best support team around you and your family, who would be in that team? What could each person do that would be helpful?

Section 9: Family Plan

The family plan should focus on the outcomes that the family and/or practitioners are hoping to achieve and will be based on what good looks like. The actions should be actions that the family members agree to do to achieve the outcome. The plan may also contain actions for completion by the extended network or practitioners, such as what the school will do to support the child/family. Agree who will complete the actions, the date that the actions will start (if they relate to behaviour i.e., doing something different) or a completion date for specific task related actions (hold a meeting or make a referral).

If a practitioner from the organisation completing the MEHA is providing continued support to the family, they will include details of the intervention/support to be provided and dates for the plan to be reviewed.

Where a multi-agency approach would be helpful, A Team around the Family (TAF) meeting may be convened by the Lead Practitioner, bringing any additional agencies together under one plan. This provides an opportunity to reduce some of the overlapping agency activity that can often surround families.

An outcome of the TAF may be that a referral to Children's Social Care should be made and the information gathered can be used to support a MARF (Multi-Agency Referral Form).