

Wokingham Multi-agency Early Help Assessment (MEHA)

Date of Assessment:

Family Details

Name of child/young person:

Date of birth:

Child/young person's preferred name:

Gender/preferred pronoun:

Name/s of parent or caregiver:

Date of birth:

Address:

Contact details:

Early Years Provider, School or College:

Does any child or family member have any disabilities or special educational needs? Yes/No

Details:

Does the child/young person have an existing care plan (EHCP/IEP)?

Yes/No

Details:

Is the child/young person a Young Carer?

Yes/No

Details:

Practitioner completing the assessment:

Practitioner's organisation:

Contact details (phone number and email address):

Relationship to child/young person:

Is the child/young person or family known to any other services? (e.g., Health/Children's Social Care). Yes/No

Have you gained consent from the family to share information with other services? Yes/No

Who gave the consent?

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Reason for Assessment

What is the parent/carer or child worried about or what do they need help with?

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Family Needs		
	What's the worry?	How could this worry be resolved or best managed?
Education and Training (Add attendance % if known)		
Mental Health and Emotional Wellbeing		
Employment / Finance / Housing / Legal Status		
Affected by Crime or Anti- Social Behaviour		
Family conflict/Domestic Abuse / 'Honour' based abuse		
Physical / medical health needs		
Family home life / Identity		

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Social isolation / networks (online/media)		
Other		

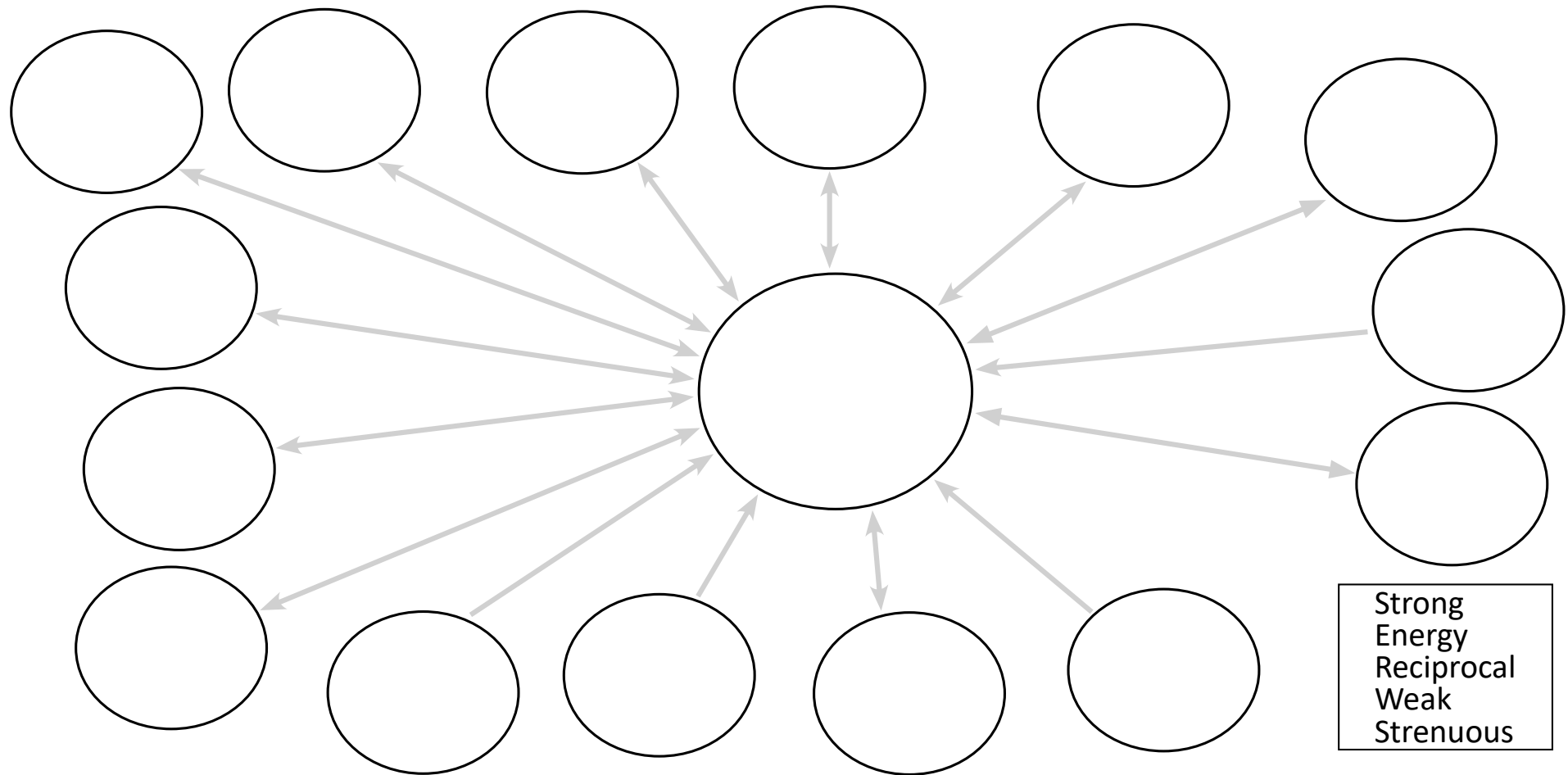
Family and Friends Network (Ecomap)

Please refer to the Multi-Agency Early Help Assessment Guidance documentation for detailed information regarding the creation of a family and friends network ecomap.

Who else lives in the family home?

	Name	Age	Relationship
1			
2			
3			
4			
5			


Ecomap



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Scaling

Scaling question for family members and practitioners - on a scale of 1-10 where 1 is, "I am very worried about the situation" and 10 is, "I have no worries about the situation". Add a scale for each family member as appropriate and discuss any similarities or differences.

	
1 = Worried	10 = Not Worried
Parent scale:	
Child scale:	
Practitioner scale:	
Comment:	

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Analysis

The analysis section should provide a summary of the concerns and existing strengths from each person's perspective. It should also highlight how the network could help the family. Please refer to the Multi-Agency Early Help Assessment Guidance documentation for more detailed information.

	Summary of Concern	What's Working Well?	Who else can support my family? Family/friends or practitioners
Practitioner View			
Parent/Carers view:			
Child/Young Persons View:			
Other agency views:			

Please Note: Safeguarding procedures must be followed where there is a risk of serious harm to a child.

Family Plan

Use the family plan template to create a plan with the family which may include actions from the support network or practitioners. Actions should be linked to the worries identified in the assessment and should be SMART (Specific, Measurable, Achievable, Realistic, Targeted).

	Outcome (What does good look like?)	What will we do differently? (actions)	Who will do it?	By when?
1				
2				
3				
4				

Date Plan agreed:

Signed by (family members): 1

Date for review (by family or with lead practitioner):

2

3

4

5