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| **EHA Team Around the Family (TAF) Support Plan Private & Confidential** | | | | | |
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| **EHA Details Please note: This is an electronic form** | | | | | |
| **Child(ren) name(s) and DOB:** | | | **Review Meeting Date:**  Click here to enter a date | | **EHA number:**  Enter EHA number |
|  | | | | | |
| **Key Person Details** | | | | | |
| Name:  Enter Key Person name | Setting:  Enter setting name/details | | | Phone:  Enter phone number | |
| Email:  Enter email address | | | | | |
|  | | | | | |
| Is there going to be a change to the Key Person? Yes/No | | If **Yes**, please add new details below: | | | |
| **New Key Person Details** (if applicable) | | | | | |
| Name:  Enter new Key Person name | Setting:  Enter setting name/details | | | Phone:  Enter phone number | |
| Email:  Enter email address | | | | | |
|  | | | | | |
| **Who was present at the EHA Review?** | | | | | |
|  | | | | | |

| **Agreed Actions for Support** |
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|  |
| Please provide a Supporting Families indicator and outcome for each support outcome/action. Refer to the Families First guidance for information on indicators and outcome codes. Link: [Herefordshire Supporting Families Framework 2022](https://www.herefordshire.gov.uk/downloads/file/16209/herefordshire-supporting-families-outcomes-framework) |

| **CURRENT ACTION PLAN** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **SF Indicator and outcome codes**  **Please refer to EHA or guidance** | | **Desired Outcomes and impact on the child** | **Action** | | **Who will do this? Timescale?** | **Progress**  What is working well?  What are we worried about?  What needs to happen next? |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting |  |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting |  |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting |  |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting |  |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting |  |
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| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting |  |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting |  |
|  | | | | | | |
| **Meeting Notes** | | | | | | |
|  | | | | | | |
| **NEW ACTIONS FROM TAF MEETING**  *Please list any new actions decided during this meeting* | | | | | | |
| **SF Ind. & Out. Code** | | **Desired Outcomes** | **New Action** | | **Who will do this?** | **By when?** |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting | Enter date |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting | Enter date |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting | Enter date |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting | Enter date |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting | Enter date |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting | Enter date |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting | Enter date |
| Ind. Code | Out. Code | Enter Outcome | Enter Action | | Enter Person/Setting | Enter date |
|  | | | | | | |
| Has it been agreed that the EHA will close? Yes/No | | | | If **Yes**, please complete and return the EHA Closure Form. EHA will remain ‘active’ with the designated Key Person until this form is returned. | | |
| If **No** and the EHA support plan is continuing, what is the agreed review date? | | | | **Review date:** Enter review date | | |

**Please send securely via Anycomms+ or password protected to** [earlyhelp@herefordshire.gov.uk](mailto:earlyhelp@herefordshire.gov.uk)

