

| **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  |
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| **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 |
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| **Who was present at the EHA Review?** |
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| **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** |
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| **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 |  |
| 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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| **Meeting Notes** |
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| **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 |
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| 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

