

|  |
| --- |
| **EHA Closure Tool Private & Confidential** |
|  |
| **EHA Details Please note: This is an electronic form** |
| **Family Surname(s):**Enter Surname(s) | **EHA Number:**Enter EHA number |
|  |
| **EHA Closure Date:**Enter date of closure | **Family Network Meeting Area:**Choose area |
|  |
| **Details of Key Person Closing EHA** |
| Name:Enter Key Person name | Role/Setting:Enter role/setting name/details | Phone:Enter phone number |
| Email:Enter email address |  |  |
|  |
| **Closure Details** |
| **Has it been agreed with the family that the EHA can close?** Yes |
| If **No**, please provide information as to why you are closing the EHA without family input.*e.g. single agency response, engagement issues, etc.* | Enter information here |
|  |
| **Voice of the Family** |
| Any family member can include their own comments or feelings on the support they have experienced via the EHA below: |
| Enter comments here |

|  |
| --- |
| **Agreed Actions for Support** |
|  |
| Please provide a Families First 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) |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Supporting Families Indicator & Outcome Codes- refer to EHA or SF guidance** | **Desired Outcomes** |  **Met** |  **Partially Met** |  **Not Met** | **Measured by?**(Please refer to Families First Outcomes) | **Evidence of Progress**(Please include names of agencies/professionals involved & dates/periods of support)  |
| Ind. Code | Out. Code | Enter Outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter Outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter Outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter Outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter Outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter Outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |
| Ind. Code | Out. Code | Enter Outcome |[ ] [ ] [ ]  Outcome measured by? | Enter evidence |

|  |  |
| --- | --- |
| **Confirming the EHA Closure** | Please ensure the following information is contained in this form:* The EHA number
* The full list of outcomes from the original EHA
* Evidence, where possible, to verify the outcomes have been met; e.g., **attendance**- please state the current attendance % at the time of closure and the last 2 terms too.
 |
| To close the EHA a copy of the EHA Closure Tool must be sent to the Early Help Team via either:- Anycomms, destination: **Early Help**- Secure email to Early Help Co-ordinator: Earlyhelp@herefordshire.gov.uk |