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| **EHA Closure Tool Private & Confidential** | | | | | |
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| **EHA Details Please note: This is an electronic form** | | | | | |
| **Family Surname(s):**  Enter Surname(s) | | | | | **EHA Number:**  Enter EHA number |
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| **EHA Closure Date:**  Enter date of closure | | | | **Family Network Meeting Area:**  Choose area | |
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| **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 |  | |  | | |
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| **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 | | | |
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| **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 | | | | | |

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| **Agreed Actions for Support** |
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| 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) |
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| **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 |
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| Ind. Code | Out. Code | Enter Outcome |  |  |  | Outcome measured by? | Enter evidence |

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| **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](mailto:Earlyhelp@herefordshire.gov.uk) |