**Early Help Assessment (EHA) Team Around the Family (TAF) Support Plan**

Herefordshire Safeguarding Children Board logo

| Child / children’s name and DOB: |  | Locality Area |  |
| --- | --- | --- | --- |
| Date Of meeting |  | Who attended the meeting : |  |
| Lead Professionals Name |  | Setting / Role |  |
| Will there be a change to the Lead Practitioner following this meeting? | Name:  Contact details: | | |

| **Please list any new outcomes that have been identified at this meeting**  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) | | | | | |
| --- | --- | --- | --- | --- | --- |
| SF indicator and outcome code. | Desired outcomes and impact on child | New Action | | Who will do this | Meeting notes:  \*Should a Family Support Worker be requested evidence will need to be included to support this: What has been done previously. What the needs are currently, how this is impacting the child. |
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| Has it been Agreed the EHA can close? | | | Y / N  **If yes, Please complete and return the EHA closure form as soon as possible**. | | |
| If no, Please state the date and time of next meeting: | | |  | | |
| Please send completed forms to: | | | - Anycomms, destination: Early Help  - Secure email to a CHAT Advisor: CHAT@herefordshire.gov.uk | | |

| **Current Action Plan** | | | | |
| --- | --- | --- | --- | --- |
| SF indicator and outcome code. | Desired outcomes and impact on child | Action | Who will do this | Meeting notes  Please give an update for each outcome:  What’s working well, what we are worried about, What needs to happen next? |
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