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



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