|  |  |  |
| --- | --- | --- |
| **1** |  | **Assessment details** |

|  |
| --- |
|  |

  **Family Group Number:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Started:** |  | **Date Closed:** |  |

 **Children**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child | Name | DOB/ EDD | Gender(M/F) | Ethnicity | School/Nursery |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**Person reporting the closure**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Position: |  | Organisation: |  |
| Email: |  | Telephone no: |  |

**Lead Practitioner (if not as above)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Position: |  | Organisation: |  |
| Email: |  | Telephone no: |  |

|  |  |  |
| --- | --- | --- |
| **2** |  | **Reason for closing this Early Help Assessment**  |

|  |
| --- |
| *Why has the early help assessment been closed? (please tick as appropriate)*  |
| The desired outcomes have been met |  |
| Step up to social care |  |
| Consent withdrawn |  |
| Family Disengaged\* |  |
| Child deceased |  |
| Not carried to full term  |  |
| Moved out of local authority area |  |
| Requires Single agency response |  |
| Other (please give details) |  |

\*If the EHA has closed due to family disengagement where there are any safeguarding concerns you must ensure that you follow safeguarding policies and procedures

|  |  |
| --- | --- |
| The family are aware of and have consented to the closure of the EHA | Yes [ ]  No [ ]  |

|  |
| --- |
| Additional Comments  |
|  |

|  |  |  |
| --- | --- | --- |
| **4** |  | **On completion of this form** |

Please email the fully completed form and supporting documents e.g. closing team around the family action plan to earlyhelp@barnsley.gov.uk. Please note it is your responsibly to ensure that this form is emailed securely. If you require support with this then please email us to discuss this before sending in any sensitive information.