**Early Help Assessment Closure** **Reporting Form**

**Section 1**- Assessment Details

**Family Name: Family Group Number:**

**Date EHA Opened: Date EHA Closed:**

**Details of the children listed on the Early Help Assessment (insert more rows if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child** | **Name** | **DOB/EDD** | **Gender** | **Address/Post Code** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Section 2 –** Practitioner details

**Person reporting the closure**

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

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

**Lead Practitioner if not named above**

**Section 3**- Reason for closing this Early Help Assessment

|  |  |
| --- | --- |
| **Please select ONE option from the list and, where requested, provide further details** | |
| All Wellbeing goals have been completed |  |
| Step up to Social Care |  |
| Consent Withdrawn - (please provide further details below)  *Additional Information (Why has consent been withdrawn? Is there any safeguarding concerns and what have you done to assess this)* |  |
| Family Disengaged - (please provide further details below)  Additional Information *(Are you aware of the reasons why the family has disengaged? Is there any safeguarding concerns and what have you done to assess this)* |  |
| Child Deceased |  |
| Not Carried to Full Term |  |
| Moved out of Local Authority Area - (please provide further details below)  *Additional Information (Please confirm the local authority the family have moved to and whether the EHA will be transferred and the reasons for this)* |  |
| Requires Single Agency Response - (please provide further details below)  *Additional Information (Who will this agency be)* |  |
| Closed due to undertaking a new Early Help Assessment |  |

**Section 4-** Outcomes of intervention- scaling (insert more rows if required

|  |  |
| --- | --- |
| **Family Members** | **Scale taken at point of closure** |
|  |  |
|  |  |
|  |  |
|  |  |

**Section 5-** Family needs and outcomes

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| **Getting a good education** | **Identified at Assessment/**  **Review** | **Outcome met** | **Please provide the names of the family members this applies to** | **Improved Family Relationships** | **Identified at Assessment/Review** | **Outcome met** | **Please provide the names of the family members this applies to** |
| Average of less than 90% attendance (authorised absence optional) for 2 consecutive terms |  |  |  | Parent / carers require parenting support |  |  |  |
| Average of less than 50% attendance unauthorised and authorised for 2 consecutive terms |  |  |  | Harmful levels of parental conflict i.e., when it is frequent, intense or poorly resolved |  |  |  |
| Not able to participate and engage with education – motivation, emotional regulation and behaviour difficulties, risk of, or subject to, exclusions, concerns around suitability of Elective Home Education, child is off-roll and not receiving an education otherwise, risk of NEET |  |  |  | Child / young person violent or abusive in the home (to parents/carers or siblings) |  |  |  |
| Child’s special educational needs not being met |  |  |  | Unsupported young carer or caring circumstances changed requiring additional support |  |  |  |
| **Good early years development** | **Identified at Assessment/**  **Review** | **Outcome met** | **Please provide the names of the family members this applies to** | **Children safe from abuse and exploitation** | **Identified at Assessment/**  **Review** | **Outcome met** | **Please provide the names of the family members this applies to** |
| Expectant or new parent/carers who require additional or specialist support (e.g., young parents, parents who have been in care, parents with learning needs) |  |  |  | Emotional, physical, sexual abuse or neglect, historic or current, within the household |  |  |  |
| Child’s (0-5 yrs) physical health needs not met (e.g., immunisations not up to date, concerning accidental injuries, dental hygiene) |  |  |  | Child going missing from home |  |  |  |
| Child’s (0-5 yrs) developmental needs not being met (e.g. communication skills/speech and language, problem-solving, school readiness, personal social and emotional development) |  |  |  | Child identified as at risk of, or experiencing, sexual exploitation |  |  |  |
| **Improved mental and physical health** | **Identified at Assessment/**  **Review** | **Outcome met** | **Please provide the names of the family members this applies to** | Child identified as at risk of, or experiencing, criminal, or pre-criminal, exploitation (e.g., county lines) |  |  |  |
| Child needs support with their mental health |  |  |  | Child identified as at risk of, or being affected by, radicalisation |  |  |  |
| Adult needs support with their mental health |  |  |  | Child experiencing harm outside of the family (e.g., peer to peer abuse, bullying, online harassment, sexual harassment/offences) |  |  |  |
| Child and/or parent/carer require support with physical health needs that affect the family (e.g., long-standing health conditions requiring management, physical disabilities requiring adaptations) |  |  |  |  |  |  |  |
| **Crime prevention and tackling crime** | **Identified at Assessment/**  **Review** | **Outcome met** | **Please provide the names of the family members this applies to** | **Promoting recovery and reducing harm from substance misuse** | **Identified at Assessment/**  **Review** | **Outcome met** | **Please provide the names of the family members this applies to** |
|  |  |  |  | An adult has a drug and/or alcohol problem |  |  |  |
| Adult (18+) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months |  |  |  | A child or young person has a drug and/or alcohol problem |  |  |  |
| Young person (u18) at risk of crime – including gangs, serious violence and weapons carrying, or involved in harmful risk-taking behaviour |  |  |  | **Financial stability** |  |  |  |
| Young person (u18) involved in crime and/or ASB (at least one offence/arrest/named suspect report/ASB incident) in the last 12 months |  |  |  | Adult in the family is workless |  |  |  |
|  |  |  |  | Family require support with their finances and / or have unmanageable debt (e.g., rent arrears) |  |  |  |
|  |  |  |  | Young person is NEET |  |  |  |
| **Safe from domestic abuse** | **Identified at Assessment/**  **Review** | **Outcome met** | **Please provide the names of the family members this applies to** | **Secure housing** | **Identified at Assessment/**  **Review** | **Outcome met** | **Please provide the names of the family members this applies to** |
| Family affected by domestic abuse or inter-personal violence and abuse - historic, recent, current or at risk (victim) |  |  |  | Families who are in local authority temporary accommodation and are at risk of losing this |  |  |  |
| Adult in the family is a perpetrator of domestic abuse |  |  |  | Families not in suitable, sustainable housing and/or threatened with eviction /at risk of homelessness |  |  |  |
| Child currently or historically affected by domestic abuse |  |  |  | Young people aged 16/17 at risk of, or who have been, excluded from the family home |  |  |  |

**Section 6-** Consent for closure

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

|  |  |
| --- | --- |
| All professionals involved are in agreement for the EHA to close. (Evidenced on the final Family Network Plan) | Yes  No |

|  |  |
| --- | --- |
| The Final Family Network Plan has been sent to Early Help along with this Closure form | Yes  No |

Please email the fully completed closure form and closing Family Network Plan to [earlyhelp@barnsley.gov.uk](mailto: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.