**Early Help Assessment and Plan (EHAP)**

**Closure Form**

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| **Family Details**Include the details of all children listed in Section 1 of the EHAP. |
| Child’s Name | Address | Date of Birth |
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| **EHAP Details** |
| Date EHAP started:  |  | Date EHAP closed: |  | Number of EHAP reviews: |  |
| Lead Professional:  |  |
| Setting/Organisation:  |  |

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| **EHAP Progress and Outcomes** |
| What were we worried about? Copy from initial EHAP |
|  |
| Summary of the support and interventions offered through the EHAPUse bullet points to list what was tried to help the family throughout the EHAP process. |
|  |
| Summary of the progress and outcomes achieved through the EHAPUse bullet points to list what has changed for the family throughout the EHAP process. |
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| Child/Young Person’s CommentsCopy from final review |
|  |
| Parents/Carers’/Guardians’ CommentsCopy from final review |
|  |
| Additional CommentsComments from the Lead Professional or other people supporting the family can be included here. |
|  |
| Why is this EHAP closing? |
| The actions on the EHAP have been completed. |[ ]  The family did not wish for the EHAP to continue. |[ ]
| The EHAP has been stepped up to Social Care. |[ ]  The family have moved out of the area. |[ ]
| Other  |[ ]  If other, please give details: |

If **Early Help Funding** was applied for through this EHAP, please complete the sections below.

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| **Families in Focus (Supporting Families) Outcomes** |
| What were the family’s 3 headline vulnerabilities?These can be found on the EHAP Funding Application Form. |
| Getting a Good Education |[ ]  Good Early Years Development |[ ]  Improved Mental and PhysicalHealth |[ ]
| Reducing Harmfrom Substance Misuse |[ ]  Improve Family Relationships |[ ]  Children Safefrom Abuse and Exploitation |[ ]
| Crime Preventionand Tackling Crime |[ ]  Safe from Domestic Abuse |[ ]  Secure Housing |[ ]
| Financial Stability |[ ]   |
| How much EHAP funding did you apply for? |
|  |
| What was the EHAP funding used for? |
|  |
| What was the impact of this intervention? What progress/improvements were achieved? |
|  |
| Was this intervention good value for money? Would you use it again or recommend it to others? |
|  |
| Any other comments? |
|  |

**Please send the completed EHAP Closure Form to** **compass@southglos.gov.uk**.

Thank you for the support that you have provided this family through the EHAP process!