**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 | | | |
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| Summary of the support and interventions offered through the EHAP  Use bullet points to list what was tried to help the family throughout the EHAP process. | | | |
|  | | | |
| Summary of the progress and outcomes achieved through the EHAP  Use bullet points to list what has changed for the family throughout the EHAP process. | | | |
|  | | | |
| Child/Young Person’s Comments  Copy from final review | | | |
|  | | | |
| Parents/Carers’/Guardians’ Comments  Copy from final review | | | |
|  | | | |
| Additional Comments  Comments 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 Physical  Health |  |
| Reducing Harm  from Substance Misuse |  | Improve Family Relationships |  | Children Safe  from Abuse and Exploitation |  |
| Crime Prevention  and 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**](mailto:compass@southglos.gov.uk).

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