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| **Early Help Closure Form** | |
| **Family name:** |  |
| **Case no:** |  |

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| **Lead Practitioner** |  |

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| **Outcomes** | | |
| **Identification Criteria** | **What was the key issue identified in the plan?** | **What was the intervention used to address this and was it successful?** | |
| **Community Engagement** |  |  | |
| **Education** |  |  | |
| **Families Who Need Help** |  |  | |
| **Economic Wellbeing** |  |  | |
| **Relationships** |  |  | |
| **Health and Wellbeing** |  |  | |

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| **Recorded Feedback** | |
| **The completed episode should be discussed with the child/young person and their parent/carers** | |
| **Person** | **Feedback** |
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