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

|  |  |
| --- | --- |
| **Lead Practitioner** |  |

|  |
| --- |
| **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** |  |  |

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