

# Early Help Assessment Closure

Meeting Date	Meeting No.	Date of previous meeting	If meeting not held when planned, original meeting date	Reason meeting not held when planned

If an Early Help Assessment has been completed, please say when and by whom

Assessment Start Date		Assessment Completed Date		Author Name	Co-Author Name
				Author Team	Co-Author Team
				Author Service Area	Co-Author Service Area
				Author Telephone	Co-Author Telephone
				Author Email	Co-Author Email

## Your Family Details (Please include parents/carers, children, young people and unborn children.)

Name	DoB/EDD	Age	Relationship	Gender	Address 1	Address 2	Town	Post Code	Parental Responsibility	Ethnicity
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.
									<input type="checkbox"/> Yes	Choose an item.

Who can we contact in your family and how?

Name of family member

Mobile/Landline

Email

# Meeting Details

(Please include parents/carers, children, young people, other family members, practitioners.)

Name	Role	Address and Contact Details	Present? If not, apologies/ report sent

## Review of previous document

(Please refer to the Early Help Assessment Action Plan or to the last Early Help Meeting/Review.  
Have agreed actions been completed and desired outcomes achieved?)

<b>ACTION 1</b>
<b>ACTION 2</b>
<b>ACTION 3</b>
<b>ACTION 4</b>
<b>ACTION 5</b>
<b>ACTION 6</b>

<b>If any actions have not been completed at closure, what will happen to them?</b>

## Review of previously identified needs

(Please review previously identified needs by selecting an option from the **Status** column. Where a need is **unmet**, please record why in the **Reasons(s) Unmet** column.)

**Child 1 Name:**

Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet
Abuse	Choose an item.		Drug Misuse	Choose an item.		Parental Conflict/ Relationships	Choose an item.	
Alcohol Misuse	Choose an item.		Homeless/Housing Needs/Conditions	Choose an item.		Parenting	Choose an item.	
Anti-Social Behaviour/Crime	Choose an item.		Intra-Familial Sexual Abuse	Choose an item.		Physical Disabilities	Choose an item.	
Behaviour	Choose an item.		Learning Disabilities	Choose an item.		Physical Health	Choose an item.	
Child Criminal Exploitation	Choose an item.		Mental/Emotional Health	Choose an item.		Harmful Sexual Behaviour	Choose an item.	
Child Sexual Exploitation	Choose an item.		Missing Education	Choose an item.		School Attendance and Exclusions	Choose an item.	
Communication/Sensory Needs	Choose an item.		Missing from Home	Choose an item.		Sexual Abuse	Choose an item.	
Contextual Safeguarding	Choose an item.		Neglect	Choose an item.		Teenage Pregnancy	Choose an item.	
Debt	Choose an item.		Not in Education, Employment or Training	Choose an item.		Young Carer	Choose an item.	
Domestic Abuse	Choose an item.		Online Safety	Choose an item.		Youth Offending		

## Review of previously identified needs

(Please review previously identified needs by selecting an option from the **Status** column. Where a need is **unmet**, please record why in the **Reasons(s) Unmet** column.)

**Child 2 Name:**

Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet
Abuse	Choose an item.		Drug Misuse	Choose an item.		Parental Conflict/ Relationships	Choose an item.	
Alcohol Misuse	Choose an item.		Homeless/Housing Needs/Conditions	Choose an item.		Parenting	Choose an item.	
Anti-Social Behaviour/Crime	Choose an item.		Intra-Familial Sexual Abuse	Choose an item.		Physical Disabilities	Choose an item.	
Behaviour	Choose an item.		Learning Disabilities	Choose an item.		Physical Health	Choose an item.	
Child Criminal Exploitation	Choose an item.		Mental/Emotional Health	Choose an item.		Harmful Sexual Behaviour	Choose an item.	
Child Sexual Exploitation	Choose an item.		Missing Education	Choose an item.		School Attendance and Exclusions	Choose an item.	
Communication/ Sensory Needs	Choose an item.		Missing from Home	Choose an item.		Sexual Abuse	Choose an item.	
Contextual Safeguarding	Choose an item.		Neglect	Choose an item.		Teenage Pregnancy	Choose an item.	
Debt	Choose an item.		Not in Education, Employment or Training	Choose an item.		Young Carer	Choose an item.	
Domestic Abuse	Choose an item.		Online Safety	Choose an item.		Youth Offending		

## Review of previously identified needs

(Please review previously identified needs by selecting an option from the **Status** column. Where a need is **unmet**, please record why in the **Reasons(s) Unmet** column.)

### Child 3 Name:

Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet
Abuse	Choose an item.		Drug Misuse	Choose an item.		Parental Conflict/ Relationships	Choose an item.	
Alcohol Misuse	Choose an item.		Homeless/Housing Needs/Conditions	Choose an item.		Parenting	Choose an item.	
Anti-Social Behaviour/Crime	Choose an item.		Intra-Familial Sexual Abuse	Choose an item.		Physical Disabilities	Choose an item.	
Behaviour	Choose an item.		Learning Disabilities	Choose an item.		Physical Health	Choose an item.	
Child Criminal Exploitation	Choose an item.		Mental/Emotional Health	Choose an item.		Harmful Sexual Behaviour	Choose an item.	
Child Sexual Exploitation	Choose an item.		Missing Education	Choose an item.		School Attendance and Exclusions	Choose an item.	
Communication/ Sensory Needs	Choose an item.		Missing from Home	Choose an item.		Sexual Abuse	Choose an item.	
Contextual Safeguarding	Choose an item.		Neglect	Choose an item.		Teenage Pregnancy	Choose an item.	
Debt	Choose an item.		Not in Education, Employment or Training	Choose an item.		Young Carer	Choose an item.	
Domestic Abuse	Choose an item.		Online Safety	Choose an item.		Youth Offending		

## Review of previously identified needs

(Please review previously identified needs by selecting an option from the **Status** column. Where a need is **unmet**, please record why in the **Reasons(s) Unmet** column.)

### Parent/Carer 1 Name:

Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet
Abuse	Choose an item.		Drug Misuse	Choose an item.		Parental Conflict/ Relationships	Choose an item.	
Alcohol Misuse	Choose an item.		Homeless/Housing Needs/Conditions	Choose an item.		Parenting	Choose an item.	
Anti-Social Behaviour/Crime	Choose an item.		Intra-Familial Sexual Abuse	Choose an item.		Physical Disabilities	Choose an item.	
Communication/ Sensory Needs	Choose an item.		Learning Disabilities	Choose an item.		Physical Health	Choose an item.	
Debt	Choose an item.		Mental/Emotional Health	Choose an item.		Problematic/Harmful Sexual Behaviour	Choose an item.	
Domestic Abuse	Choose an item.		Not in Education, Employment or Training	Choose an item.		Sexual Abuse	Choose an item.	

### Parent/Carer 2 Name:

Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet	Need	Status	Reason(s) Unmet
Abuse	Choose an item.		Drug Misuse	Choose an item.		Parental Conflict/ Relationships	Choose an item.	
Alcohol Misuse	Choose an item.		Homeless/Housing Needs/Conditions	Choose an item.		Parenting	Choose an item.	
Anti-Social Behaviour/Crime	Choose an item.		Intra-Familial Sexual Abuse	Choose an item.		Physical Disabilities	Choose an item.	
Communication/ Sensory Needs	Choose an item.		Learning Disabilities	Choose an item.		Physical Health	Choose an item.	
Debt	Choose an item.		Mental/Emotional Health	Choose an item.		Problematic/Harmful Sexual Behaviour	Choose an item.	
Domestic Abuse	Choose an item.		Not in Education, Employment or Training	Choose an item.		Sexual Abuse	Choose an item.	

## Child's/Young Person's view of how the Early Help Assessment Review Meetings and support/services provided have helped

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## Parent's/Carer's view of how the Early Help Assessment Review Meetings and support/services provided have helped

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## Practitioner's view of how the Early Help Assessment Review Meetings and support/services provided have helped

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## Level of Need for child/young person/family at Closure

Select **ONE** box only.

(Please refer to Levels of Need Framework from Warrington's Threshold of Need and Response Guidance 2017.)

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Level 1	Level 2	Level 3	Level 4 Refer to Social Care

# Closure Plan

(Please say who has closed and why.)

You should consider any risks and/or concerns and how these will be managed.)

Name of Child/ Young Person/Family Member	Reason for Closure				
	Young Person/ Family disengaged*	Young Person/ Family moved to another local authority	Needs Met	Needs Unmet	Stepped up to Social Care
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If the family/young person disengages or if the needs are unmet, please say if there are any risks to consider and how these will be managed.

# Exit Plan

Does the family have contact information for support in the future?	<b>YES</b>	<input type="checkbox"/> No
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# Safeguarding

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If at any time you feel that a child or young person has been harmed or abused or is at risk of harm or abuse, you must follow your local safeguarding children board (LSCB) procedures immediately.

## Submitting your completed document

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Please email you completed assessment to the Early Help Support Team at [earlyhelpsupport@warrington.gov.uk](mailto:earlyhelpsupport@warrington.gov.uk)

## Contact Information

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Multi-Agency Safeguarding Hub (MASH) Team  
01925 443400  
[childreferral@warrington.gov.uk](mailto:childreferral@warrington.gov.uk)

Early Help Support Team  
01925 443136  
[earlyhelpsupport@warrington.gov.uk](mailto:earlyhelpsupport@warrington.gov.uk)