**Early Help Assessment (EHA) Closure Form**

Herefordshire Safeguarding Children Board logo

Please ensure the following information is contained in this form:

* The full list of outcomes from the original EHA

Evidence, where possible, to verify the outcomes have been met; e.g., **attendance**- please state the current attendance % at the time of closure and the last 2 terms too.

| Child / children’s name and DOB: |  | Locality Area |  |
| --- | --- | --- | --- |
| EHA Closure Date |  | Are the Family aware the EHA is closing? | Y/N  If **No**, please provide information as to why you are closing the EHA without family input.  *e.g. single agency response, engagement issues, etc.* |
| Lead Professionals Name |  | Setting / Role |  |
|  |  | | |
| **Voice of the Family:**  Any family member can include their own comments or feelings on the support they have experienced via the EHA below: |  | | |

| **Agreed Actions for Support** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SF indicator and outcome codes | Desired Outcomes and impact on child | Met | Partially Met | Not met | Can it be evidenced | Outstanding worries | Ongoing Support needs |
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| A copy of the EHA Closure form must be sent to the CHAT Team via either: | - Anycomms, destination: **Early Help**  - Secure email: CHAT@herefordshire.gov.uk |
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