

Early Help closure summary

* **Family details**

|  |  |
| --- | --- |
| Name and date of birth of child(ren) | Address (including postcode) |
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| * **Lead Worker details**

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| --- | --- |
| Name of person closing the early help |  |
| Organisation |  |
| Contact email |  |
| Contact telephone number |  |
| Date of closure | Click here to enter a date. |
| Level of Need at closure | Choose an item. |

* **Summary of work undertaken**

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| --- | --- | --- |
| **Issue present** | **Summary of progress/work undertaken** | **Outcomes achieved** |
| **Crime and antisocial behaviour** |  |  |
| **Education** |  |  |
| **Child in need of help and support (including parenting)** |  |  |
| **Finance/benefits/out of work** |  |  |
| **Domestic violence or abuse** |  |  |
| **Family health problems** |  |  |

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