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| --- |
| **Early Help Assessment- Closure Form** |
| **EHAT Start Date:** |  | **Date of Closure:** |  |

**Family’s Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Surname:** | **DOB /EDD:** | **Age** | **Relationship** | **Address (including postcode)** |
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**Lead Professional Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** | **Job title:** | **Agency:** | **Email Address:** | **Telephone Number** |
|  |  |  |  |  |

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| **Health** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT START OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT END OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

 |
|  **Education** |

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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT START OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT END OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

 |
| **Emotional Development / Wellbeing and Identity** |

|  |  |  |  |  |  |  |  |  |  |  |
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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT START OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT END OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

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| **Family and Social Relationships** |

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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT START OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT END OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

 |
| **Housing, Income and Employment** |

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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT START OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT END OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

 |
| **Presentation** |

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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT START OF EHAT 1 2 3 4 5 6 7 8 9 10**

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| --- |
| **Comments:** |

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| Please put X in relevant box |  |  |  |  |  |  |  |  |  |  |

**SCALE AT END OF EHAT 1 2 3 4 5 6 7 8 9 10**

|  |
| --- |
| **Comments:** |

 |

**Complete this section if closure is due to non-engagement:**

|  |  |
| --- | --- |
| **REASON:** | **ACTION TAKEN/COMMENT:** |
| **Family stated support no longer required:** |  |
| **Family disengaged - what did you do to attempt to re-engage?** |  |
| **Escalated – please confirm to which agency and date:** |  |

**Please send your Closure Form to the Early Help Coordinator (EHC) email address:-**

**WEST -** ehcfamilyhubwest@bradford.gov.uk

**SOUTH** - ehcfamilyhubsouth@bradford.gov.uk

**EAST** - ehcfamilyhubeast@bradford.gov.uk

**KEIGHLEY AND SHIPLEY** - ehcfamilyhubkeighleyshipley@bradford.gov.uk