# **Early Help Closing Summary**

**Date Closed to Support: DD/MM/YYYY**

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| **Organisation Name** |  |
| **Organisation Address** |  |
| **Contact Details** |  |

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| **Lead Professional name:** |  |
| **Lead Professionals position title** |  |

**Brief description of the support undertaken with family, to include signposting, interventions, and positive outcomes. Please note after uploading this form you will be asked to update the information and progress the family has made against the supporting Families outcomes**

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