**FAMILIES FIRST ASSESSMENT – PART 3 CLOSURE**

|  |
| --- |
| **F. CLOSURE** |
| **Date of closure (DD/MM/YYYY)**  |  |
| **Name of person closing the plan** |  |
| **Closure type** | Drop down:Desired outcomes achievedPartially achieved, but further work outside the Families First Assessment to be undertakenDisengagedConsent withdrawnStep upMoved away from county |
| **State any significant events or changes in people or circumstances that have taken place during the period of support:** |  |
| **Summary of work undertaken** |  |
| **Based on the needs identified and the issues to be addressed in the action plan, what has changed and what has been achieved (please state how long any achievements have been sustained):**  |  |
| **Are there any goals that have not been achieved? If yes, why has this happened?** |  |
| **What is the family’s view of the current situation?** |  |
| **Keyworker’s view of the current situation.** |  |
| **Does the family agree to the closure?** |  |
| **Do all agencies involved in the case agree to the closure?** |  |
| **Has a referral to another agency been required on closure? If yes, who.**  |  |