



**Leicester City Council
Social Care and Early Help
Halford House
91-93 Charles Street
Leicester
LE1 1HL
Tel: 0116 4541004
Fax:**

Closure Record

Details of Child:

Family Name		Given Names	
Actual DOB		Gender	
Ethnicity		Primary Language	
Case Number			
Date Case Closed (Closure Record)			
Referral started			

Reason for involvement:

Reason for closure:

Steps to Success

Is the Parent/Carer working full-time or in Education	
Are family circumstances preventing them from working	
If yes, please detail reason for your decision	

Family and Network Details

Who would the child say are the most important people in their life?	
Who would the parents say are the people around them that help and support them?	
Who are the most important professionals involved with the child and family?	

Communication Needs (including language and disability)

Please select the genogram for the Child/ren and Family

Worries and What's Working Well

What are we worried about?

Harm

Current concerns

Complicating Factors

What is working well?

Existing Strengths

Existing Safety

Analysis and Judgement

Signs of Safety

Danger Statement 1

	Danger Statement 1	Safety Goal 1

Scaling Question 1

Individual's Scale

Individuals Name and Role	Scale for Danger Statement & Safety Goal 1	Reason	What are the things that need to happen to make things better for the child (What could improve things by 1?)

Would you like to add another Danger Statement? No

Overall Progress and Safety Scale

Overall Progress and Safety Scale		Rating

What needs to happen?

Bottom Lines

Professional bottom-lines are the minimum that must happen for Children's Services to be satisfied and they cannot compromise on.	
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Timeline

Week	Task	Meetings and Monitoring	Changes

Words and Pictures

Have the words and pictures been written and shared with the network?	
When was it done? (Please ensure this has been attached)	

Who is involved in the plan?

Please ensure all people listed are recorded on the child's main demographics.

Name and Role			
HV			
Natalie			

Plan Rules

Signs of Safety

Key Issues arising from Danger Statement(s)	Existing Safety / What is Working well?	Stressors and Triggers	Indicators Danger is emerging or present (Red Flags)	Who will do what when problems arise?

Recording and Demonstrating the Plan

Has a Children's version of the plan been created and shared with the child?	
How will the family demonstrate the use of the plan?	
How is it kept up to date and who is responsible for it?	
Would a safety object be helpful for this child or young person?	

Needs Met for Supporting Families

Children Who Need Help

Please select the 'Children Who Need Help' Needs which have been Identified.	
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Education and Learning

Are there any 'Education & Learning' Needs Identified?	
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Crime or Anti-Social Behaviour

Are there any 'Crime or Anti-Social Behaviour' Needs Identified?	
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Family and Environmental

Are there any 'Family & Environmental' Needs Identified?	
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Health

Are there any 'Health Needs' Identified?	
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Domestic Abuse

Are there any 'Domestic Abuse' Needs Identified?

Managers Authorisation

Based on the analysis and plan in place, is the recommendation

Authorising Manager's Name

Authorisation Date

Signatures

Name of Social Worker completing assessment

Signature:

Name of Manager

Signature:

Recorded Feedback**The completed Closure record should be discussed with the child/young person and their parents/carers.**

Person	Discussed	If no, when	Given	If no, when