Graphical user interface, text, application, email

Description automatically generated

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client’s Full Name:** | | |  | | | | | | | | |
| **Date of Commencement:** | | |  | | **Date of Exit:** | | | | |  | |
| **Child Safety Officer:** | | |  | | | **CSSC:** | | |  | | |
| **Family Action Plan Date:** | |  | | **ICH FIS Worker:** | | | |  | | | |
|  | | | | | | | | | | | |
| **Reason for FIS Closure** | | | | | | | | | | | |
| **Lack of engagement by client/s** | | | | | | | | Yes  No | | | |
| **Goals have been met/mostly met** | | | | | | | | Yes  No | | | |
| **Other (If ‘Yes’, please specify below)** | | | | | | | | Yes  No | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Previous Progress Reports Provided to Child Safety** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Overall Assessment of Whether Goals Have Been Met** | | | | | | | | | | | |
| **Child Developmental Outcomes** | | | Goal/s: | | | | | | | | |
| Summary of progress towards goal statement over period of ICH FIS engagement | | |  | | | | | | | | |
| Goal Attainment | | | **Not Met** | | **Approaching** | | | | | **Met** | |
| **Emotional Availability, Attachments & Relationships** | | | Goal/s: | | | | | | | | |
| Summary of progress towards goal statement over period of ICH FIS engagement | | |  | | | | | | | | |
| Goal Attainment | | | **Not Met** | | **Approaching** | | | | | **Met** | |
| **Parenting Values and Expectations** | | | Goal/s: | | | | | | | | |
| Summary of progress towards goal statement over period of ICH FIS engagement | | |  | | | | | | | | |
| Goal Attainment | | | **Not Met** | | **Approaching** | | | | | **Met** | |
| **Parental Emotional Regulation & Problem Solving** | | | Goal/s: | | | | | | | | |
| Summary of progress towards goal statement over period of ICH FIS engagement | | |  | | | | | | | | |
| Goal Attainment | | | **Not Met** | | **Approaching** | | | | | **Met** | |
| **Connection to Culture, Community and Family** | | | Goal/s: | | | | | | | | |
| Summary of progress towards goal statement over period of ICH FIS engagement | | |  | | | | | | | | |
| Goal Attainment | | | **Not Met** | | **Approaching** | | | | | **Met** | |
| **Real World Problems** | | | Goal/s: | | | | | | | | |
| Summary of progress towards goal statement over period of ICH FIS engagement | | |  | | | | | | | | |
| Goal Attainment | | | **Not Met** | | **Approaching** | | | | | **Met** | |
|  | | | | | | | | | | | |
| **Engagement With Family** | | | | | | | | | | | |
| If not detailed above, outline dates of engagement/attempted engagement with family. Particularly relevant if closure is due to non-engagement. | | | | | | | | | | | |
|  | | | | | | | | | | | |
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| **Other Services Involved** | | | | | | | | | | | |
| **Service** | |  | | | **Service** | | |  | | | |
| Contact Person | |  | | | Contact Person | | |  | | | |
| Contact Details | |  | | | Contact Details | | |  | | | |
| **Service** | |  | | | **Service** | | |  | | | |
| Contact Person | |  | | | Contact Person | | |  | | | |
| Contact Details | |  | | | Contact Details | | |  | | | |
|  | | | | | | | | | | | |
| **Safety and Wellbeing Scale** | | | | | | | | | | | |
| *10 corresponding with enough safety for FIS believing no further involvement by Child Safety is needed. 0 corresponding with limited or no safety within the family home and children not being able to reside safety in the home.* | | | | | | | | | | | |
| **Initial Safety and Wellbeing Scale (completed at beginning of intervention)** | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | 10 |
|  |  |  |  |  |  | |  |  | |  |  |
| **Current Safety and Wellbeing Scale Assessment** | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | | 7 | 8 | | 9 | 10 |
|  |  |  |  |  |  | |  |  | |  |  |
| Rationale | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| **Overall Comments and Recommendations**  *(Engagement with FIS, recommendations about further work to occur, referrals made or recommended and an overall assessment of clients progress towards Goals, referencing Acts of Protection/Belonging and Client Strengths/Resources as well as Complicating factors).* | | | | | | | | | | | |
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| --- | --- |
| **Case Worker name, signature and date:** |  |
| **FIS Manager name, signature and date:** |  |